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Annual Report 1981-82

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Saskatchewan Hospital Services Plan

Government of Saskatchewan

Annual Report 1981-82

Saskatchewan Hospital Services Plan

April 1, 1981 to
March 31, 1982

G. H. Loewen
Executive Director
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3475 Albert Street
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ISSN 0382-3725

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Highlights for 1981-82

In February, 1982, Mr. W. F. Roger was appointed Associate Executive Director SHSP. In addition, Mr. D. J. Cameron and Ms. A. E. Sinclair were appointed Assistant Executive Directors replacing Mr. M. T. Dagg and L. S. Schneider respectively.

Payments for services provided to Saskatchewan beneficiaries by approved hospitals outside of Canada were substantially increased effective August 1, 1981. (See page 8)

Administrative responsibility for level 4 care was transferred to Saskatchewan Social Services effective July 1, 1981. (See page 14)

Diagnostic ultrasound was approved for five regional centres providing obstetrical services i.e. Moose Jaw Providence; North Battleford Union; Prince Albert Holy Family; Swift Current Union and the Yorkton Union Hospitals. (See page 13)

A 21.8 million dollar extension to the Regina General Hospital was officially opened May 1, 1981. (See page 16)

Funding of the Saskatchewan Cancer Foundation in 1981-82 amounted to $10,198,850. (See page 23)

A Community Health and Social Centre was opened at Raymore, September 1, 1981. (See page 24)

The Clinical Services Fund disbursements for 1981-82 amounted to $7,536,000. (See page 25)

Graham Taylor
Minister of Health

K. J. Fyke
Deputy Minister of Health

P. A. R. Glynn, Ph.D.
Associate Deputy Minister of Health

G. H. Loewen
Executive Director
Saskatchewan Hospital Services Plan

Saskatchewan

Minister of Health

Legislative Building
Regina Canada
S4S 0B3

To The Honourable C. Irwin McIntosh,
Lieutenant Governor of Saskatchewan.

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1982.

Respectfully submitted,

Graham Taylor,
Minister of Health.

Saskatchewan

Saskatchewan Health

Deputy Minister

3475 Albert Street
Regina Canada
S4S 6X6

To The Honourable Graham Taylor,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1982.

Respectfully submitted,

K. J. Fyke,
Deputy Minister of Health.

Organization Structure

The Plan's organizational structure at year end is shown in the accompanying organization chart.

Main responsibilities of divisions are as follows:

The hospital services division is responsible for program planning and, through the hospital administration analysts, for the review and allocation of operating funds to all acute care hospitals in the province. The hospital administration analysts are also responsible for liaison with hospitals which are allocated to them on the basis of comparable size and function.

The program monitoring and statistics division is responsible for determining the effectiveness and efficiency of existing programs, and the design and prospective appraisal of new programs or modifications to existing programs. This division is also responsible for the maintenance of the Plan's statistics and for the production of a number of major reports.

The hospital standards division is responsible for maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available to the Plan.

The extended care services division serves as the primary liaison between the Plan and extended care (level 4) hospital units, as well as the Continuing Care Division, Saskatchewan Social Services, in matters relating to long-term care services. On July 1, 1981, administrative responsibility for level 4 facilities, separate and apart from acute care hospitals, was transferred to Saskatchewan Social Services.

The administrative services division provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

The facilities planning and construction division is responsible for planning assistance, the review and approval of construction projects, and for the subsequent provision of financial grants. The division is also responsible for the administration of federal grants under the Health Resources Fund.

The systems and data processing division is responsible for systems design and analysis carried out in the plan. The division assists the Plan and various branches of the Department in meeting their responsibilities through an extensive information management system. The systems and data processing section also provides services to other government departments and agencies.

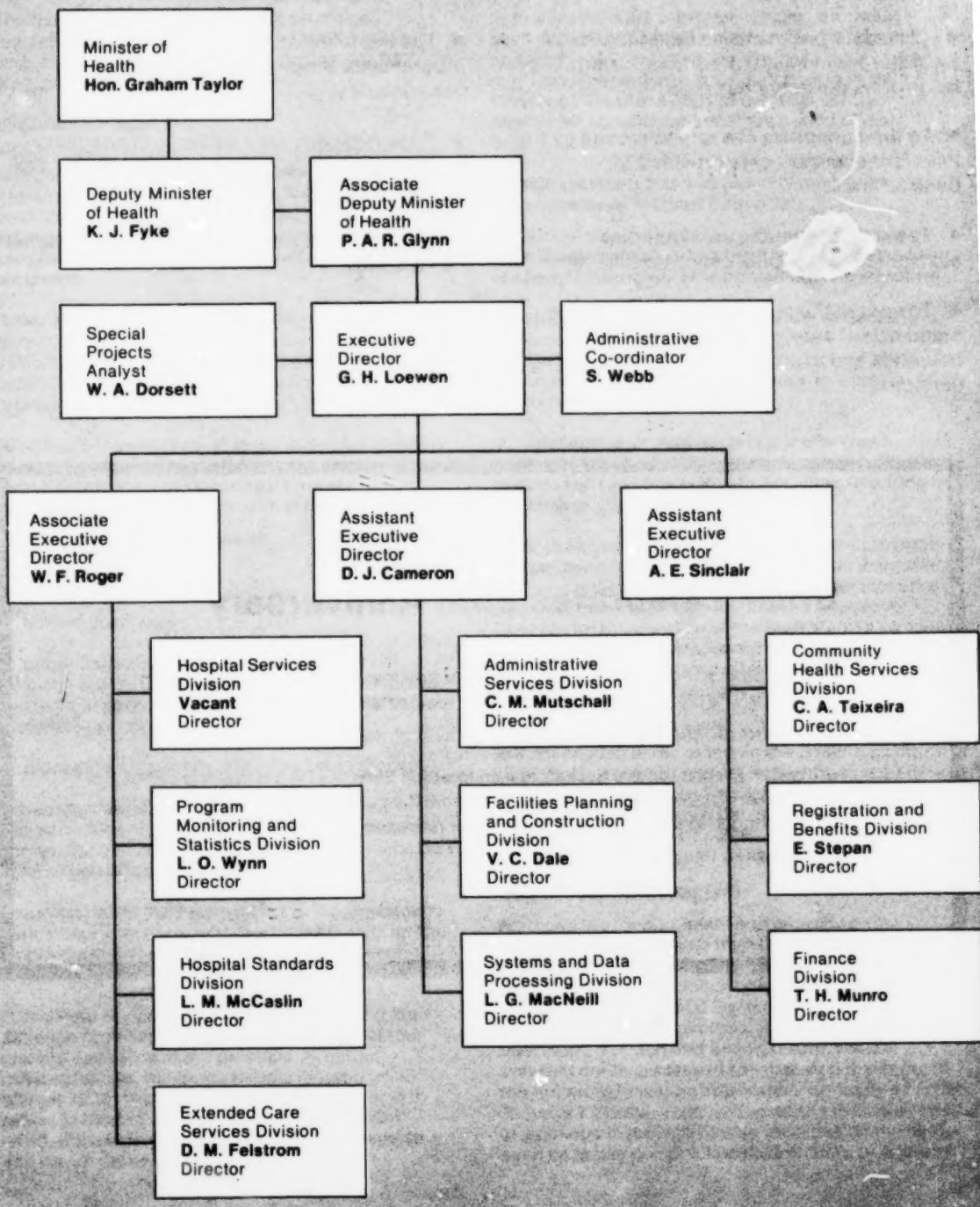
The community health services division is responsible for program planning for the province's community clinics, community health and social centres and private practise physical therapy facilities under contract to the Minister of Health. The division is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

The registration and benefits division is responsible for administering the registration and benefit provisions of The Saskatchewan Hospitalization Act. The division is responsible for issuing health services cards to eligible residents and providing assistance to residents applying for health care through central and regional offices. The division also processes all hospital admission-separation records for hospital services provided in the province and outside the province.

The finance division is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, the administration of the cost-sharing agreement under the Hospital Insurance and Diagnostic Services Act (Canada), and the administration of The Hospital Revenue Act. The division is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

The services of a medical consultant are available to the Plan upon request, and assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.

Organization Chart



March 31, 1982

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.
- To register residents as beneficiaries of Saskatchewan health programs through the issue of health services cards.
- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.
- To provide planning and financial assistance for hospital construction.
- To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.
- To authorize the expansion, improvement or addition of programs in hospitals.
- To fund other approved facilities and programs for insured services provided to beneficiaries.
- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.
- To administer the provisions of The Hospital Revenue Act.

SHSP celebrates 35th Anniversary

In 1947, Saskatchewan implemented the first provincial health care insurance plan in Canada. The plan entitled Saskatchewan residents to provincial hospital services without any direct charge by hospitals.

Thirty-five years later, the Saskatchewan Hospital Services Plan is funding a wide range of services throughout the province, from the major referral centres in Regina and Saskatoon to the district hospitals in our rural communities.

Registration and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and regulations thereunder provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

All permanent residents Saskatchewan are entitled to receive health service benefits without the payment of a premium. Every permanent resident of Saskatchewan is required to register and participate in the provincial hospital care plan unless benefits are provided under other provincial or federal programs.

Benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third month following the date of establishing residence in the province and registering with the Plan.

Benefits for new residents (see list below) entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan and register with the Plan:

- returning Canadian citizens
- returning residents
- landed immigrants
- non-immigrants which include members of religious orders in Canada to carry out their duties, students or persons engaged in a legitimate trade, profession or occupation
- discharged members of the Canadian Forces

Members of the Canadian Forces, the Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from the Plan since they receive benefits under federal programs.

Beneficiaries of the Plan who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere plus the next two full months.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. In such cases residents are asked to notify the Plan of departure and return dates.

Persons who enter into employment contracts for work outside of Canada not exceeding 24 months and who intend to return and reside in the province, may upon presenting the Saskatchewan Hospital Services Plan with a copy of the work contract, be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for hospital care benefits for the period during which the nomination is effective.
- children in the care of the Minister of Social Services
- inmates while serving a sentence in a provincial correctional institution
- inpatients in mental hospitals and persons involuntarily admitted to psychiatric wards within the meaning of The Mental Health Act when requiring the services of an acute care hospital
- Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the their studies outside of Saskatchewan. A statement certified by the school or university verifying the student's attendance is required each year. Similarly, residents of other Canadian provinces or territories who enter Saskatchewan to attend an educational institution are not eligible to register with the Saskatchewan Plan. Such persons must maintain health registration in their home province. This policy is followed as a result of a federal-provincial agreement respecting eligibility and portability of hospital and medical care insurance benefits for all Canadian residents.

Registration for Benefits

Applications for enrolment and assistance in registering are available from the Saskatchewan Hospital Services Plan, Regina, in most city, town, village and rural municipal offices; and from the Saskatchewan Hospital Services Plan regional offices located in Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Health services cards are issued to registered residents at the following times: on application; annually effective January 1 of each year; and when the Plan is advised of a change in the information recorded on the card, such as family composition date of birth, or address.

Benefits Under the Plan

Benefits are available to beneficiaries without regard to age or pre-existing conditions.

In Saskatchewan, the Plan pays on behalf of inpatient beneficiaries, for most services which are normally provided by hospitals. The Plan also pays on behalf of outpatients for those services which the individual hospital is able to provide. This includes certain community health associations and community health and social centres. In addition, outpatient services provided by certain physical therapy and osteopathy facilities are paid for by the Plan, provided those facilities have entered into an agreement with Saskatchewan Health to provide insured services under the Plan.

In other provinces or territories of Canada the Plan provides to beneficiaries temporarily absent from the province, inpatient standard ward care at the per diem rate established by the provincial or territorial authority having jurisdiction. This benefit is subject to authorized charges prescribed by the applicable authority (described in the following section). The Plan also covers outpatient services provided by an approved hospital. The amount paid by the Plan will be 100 percent of the charge made for a similar outpatient service that is a benefit in Saskatchewan, less any applicable authorized hospital care.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received outside Canada. The services must be provided by an approved hospital.

Prior to August 1, 1981, benefits outside Canada were limited to a maximum of 90 days inpatient care in a fiscal year (April 1 to March 31). Payments made by the Plan in elective and newborn cases were based on the average daily charge to a maximum equal to 75% of the average daily rate for Regina and Saskatoon hospitals for the preceding year. For the period April 1 to July 31, 1981, the elective and newborn rate was $135. For emergency admissions, payment was made at the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceding year, up to a maximum of $7,000. Thereafter, the daily rate was paid as for elective treatment to the maximum of 90 days care in one fiscal year. For the period April 1 to July 31, 1981, the emergency rate was $180.

Effective August 1, 1981, the elective and newborn rate was eliminated along with the limitations of $7,000 and 90 days of care in one fiscal year. All services provided outside of Canada by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan are now based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceding year. For the period August 1, 1981 to March 31, 1982, the maximum rate payable was $180 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health Agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Outpatient services provided by an outpatient department of an approved hospital outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid by the Plan at the full amount charged by the hospital, less exchange on U.S. currency.

The Plan provides benefits for a limited period of time for persons who establish residence outside Saskatchewan. This coverage is provided to the end of the last day of the second calendar month following the month in which residence was established outside Saskatchewan. Payments will be made on the same basis as those made for beneficiaries temporarily absent from the province who obtain hospital services in other provinces or territories of Canada or outside Canada.

Hospital Authorized Charges

Authorized charges for inpatient or outpatient services, imposed in other provinces or territories of Canada (e.g. British Columbia and Newfoundland) are the responsibility of the patient when hospitalized in those provinces.

Extended Care (Level 4) (Refer also to page 14 of this report)

Administrative responsibility for Level 4 care was transferred to Saskatchewan Social Services on July 1, 1981. Patients who have been assessed as requiring Level 4 care and who are occupying hospital beds within Saskatchewan hospitals are no longer eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly charge of $390.

Since August 1, 1981, Level 4 care provided to Saskatchewan residents outside of Saskatchewan is not an insured service. The patient is personally responsible for the cost of Level 4 care provided by out of province facilities.

Non Benefits Under the Plan

The following services, materials or charges are not insured by the Plan:

- Extended Care (Level 4)

- inpatient and outpatient services provided for reasons other than medical necessity

- the extra cost of private and semi-private ward accommodation when such accommodation is chosen by the patient and not ordered by a physician

- the services of persons not employed by the hospital

- care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders

- generally, hospital care involved with cosmetic surgery. However, in certain cases the Plan may provide benefits. The attending physician may obtain information by writing the Saskatchewan Medical Care Insurance Commisssion

- certain drugs, biologicals and related preparations

- outpatient services provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services under the Plan

- services rendered by facilities outside Saskatchewan, which are not provided by departments of approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility

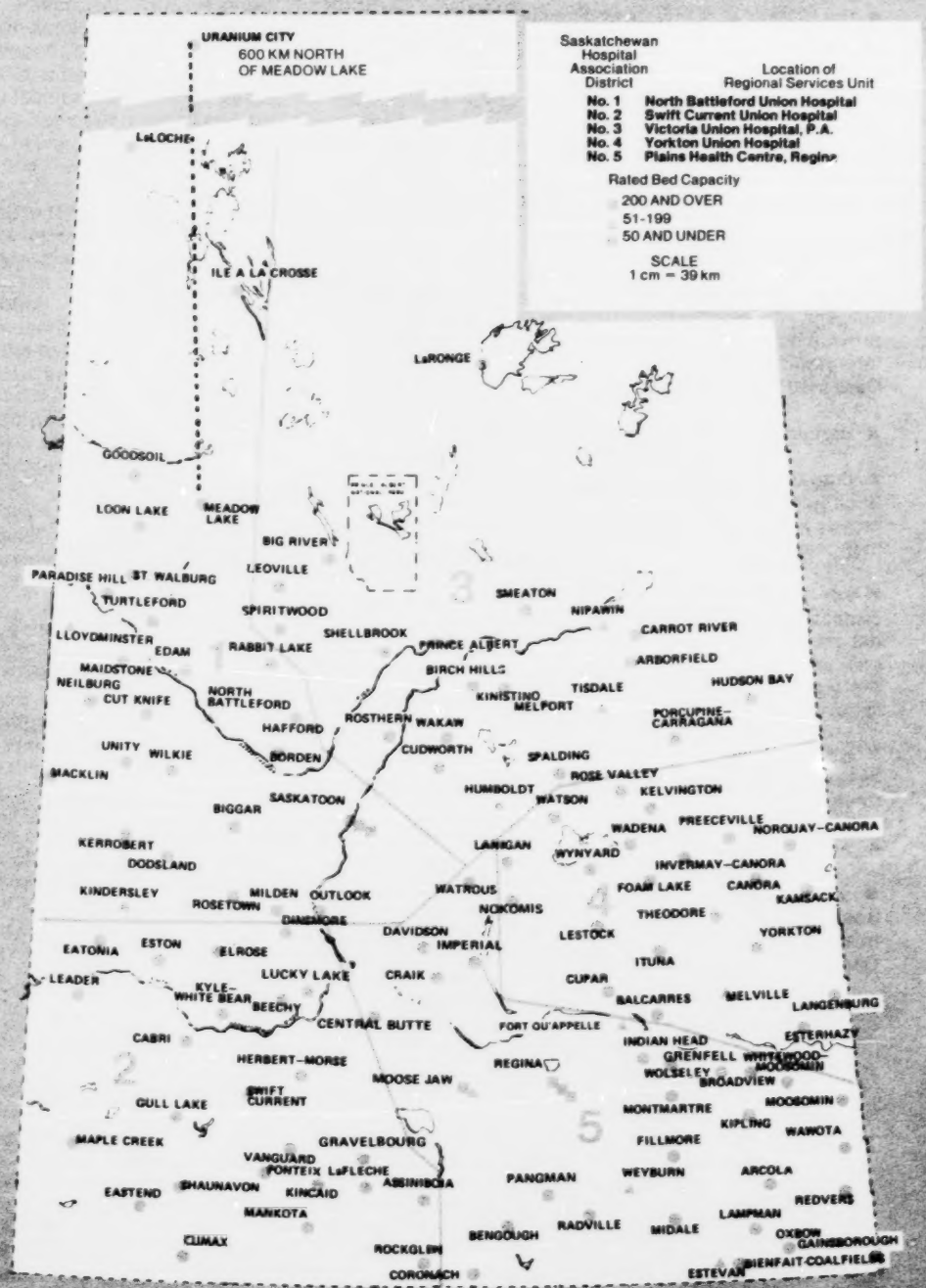
- transportation costs (ambulance service), except between hospitals in the same city located in Saskatchewan

- authorized hospital user charges

- services provided outside Canada for the treatment of cancer involving the use of cancer treatment drugs or procedures not approved in Canada

- take home drugs and appliances.

General Hospitals in Operation at March 31, 1982



Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and regulations thereunder provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- the types of services each hospital should provide.
- the volume of services each should provide.
- the total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of services they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents of their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate areas. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. Wascana Hospital, a division of the South Saskatchewan Hospital Centre in Regina, provides speciality service in physical rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations.

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and so needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.) an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group. Example:

Number of males in municipality Z in the age group 70-74 = 15

Provincial average utilization experience for all males age 70-74 = 4,800 days per 1,000 covered population.

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population.

Adjusted number of males in municipality Z in the age group of 70-74 $= \frac{4,800}{1,600} \times 15 = 45$

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by hospital A = 100 ÷ 300 = ⅓

Adjusted population credit for hospital A = 3,000 X ⅓ = 1,000.

This is repeated for each municipality in which persons discharged from hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospitals. Hospitals are therefore grouped by bed size, and the ratio of the average days stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10-24 beds, the average days of stay is 6.8 days and for all hospitals it is 8.2 days, then for each hospital in this group the population served is multiplied by the fraction 6.8 over 8.2, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians (see Appendix E 2).

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the criteria that an average of 5.03 persons per thousand adjusted non-Indian population require hospital care at one time. For the Registered Indian population the formula makes provision for an average of 12.9 persons per thousand adjusted Indian population requiring hospital care at one time.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay).

Non-Indian — 20,000
Indian — 2,000

Also assume non-SHSP days estimated at 500. The approved number of patient days would be calculated as follows.

$$\frac{(20,000 \times 5.03)}{1,000} + \frac{(2,000 \times 12.9)}{1,000} \times 365 + 500 = 46,636$$

or an average of 127.8 (46,636 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A global budget liaison committee consisting of representation from hospitals and the Plan has been established for the following purposes:

- to recommend policies and procedures as they relate to the global budget review system.

- to review and assess the application of the global budget review system.

- to provide an evaluation of the global budget review system.

1981-82 was the second year of the current three year global budget cycle.

As a general rule, the global budget system is mandatory for all hospitals with an average daily census of 100 or more. It is optional for all other hospitals. In 1981-82, 18 hospitals participated in the global budget system.

Major Activities and Development

Hospital Staffing Studies

During 1981, the Minister's Advisory Committee on Hospital Services established staffing methodology subcommittees for the various hospital bed-size groups to review staffing guidelines for all departments in Saskatchewan hospitals. Four main subcommittees were established.

SHSP staff and hospital personnel jointly reviewed current staffing guidelines, assessed information from other provinces and the various disciplines, and made recommendations to the Minister's Advisory Committee on what were felt to be appropriate guidelines to be used in Saskatchewan hospitals.

Ultrasound in Regional Hospitals

Diagnostic ultrasound was approved for five regional centres providing obstetrical services. Capital equipment was approved for these centres as well as an operating budget for this service.

Neonatology

Neonatology services were greatly expanded at the University Hospital and the Regina General Hospital, the two centres in Saskatchewan with neonatal intensive care units. Approved occupancy levels at both units were increased along with appropriate staffing.

Minister's Advisory Committee of Hospital Services

The Minister's Advisory Committee consists of representatives from the Saskatchewan Health-Care Association, the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Association of Health Care Executives, The Saskatchewan Registered Nurses' Association and SHSP. The committee was formed to secure informed advisory input into hospital programs and services from agencies actively involved in the hospital field.

In 1981-82 the committee considered a number of issues relating to the funding and provision of hospital services, and established sub-committees to make recommendations on methodology for establishing staffing standards. It also established a subcommittee to review the mechanism for reimbursing hospitals on line-by-line budgets. The final reports of these subcommittees are expected early in the 1982-83 fiscal year.

Extended Care

Definition

Extended care (Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restorative program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1981 there were 116,723 people or 11.78 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

Policy

Effective July 1, 1981, Saskatchewan Social Services assumed responsibility for the provision of extended care (Level 4) services through its Continuing Care Division.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Centre and the Sanitorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of Saskatchewan Social Services.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Hospital in Regina. Other designated units are identified in Table 1.

Community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for Level 4(b) services, with incremental funding provided by SHSP. These hospitals can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1982, 75 community hospitals allotted 144 beds for Level 4 care.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4b beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility. Since July 1, 1981, there has been a standard monthly resident charge of $390 for Level 4 services.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table 1
Extended Care (Level 4) Facilities
(as of March 31, 1982)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains and Pasqua Hospitals	167
Saskatoon**	Frank Eliason Centre and Sanitorium	174
Swift Current	Palliser Hospital	122
Melfort	Parkland Hospital	120
Prince Albert***	Victoria Union Hospital and Holy Family Hospital	84
Yorkton****	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Extended Care Hospital	341
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	89
Community Hospitals		144
	Total Beds	1,353

* Includes 119 level 4 beds at Wascana, 25 at Regina General, 13 at Plains and 10 at Pasqua.
** Includes 64 level 4 beds at the Sanatorium and 110 level 4 beds at the Frank Eliason Centre.
*** Includes 69 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 level 4 beds at St. Peter's, Melville.

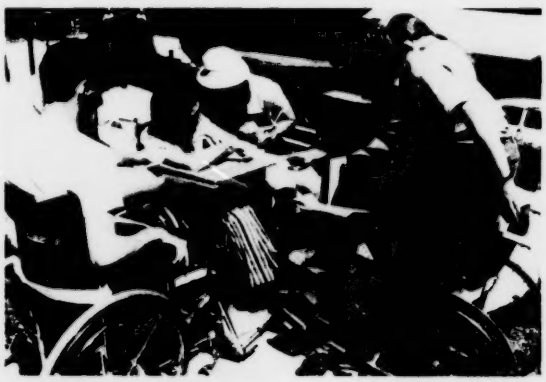
Payment to Extended Care (Level 4) Facilities

The methods by which the ten facilities providing Level 4 care are funded vary to a certain degree. The Frank Eliason Centre, Saskatoon Santorium Extended Care Unit, Parkland Regional Care Centre, Palliser Regional Care Centre, and the Souris Valley Regional Care Centre at Weyburn formerly received funds from the Plan based on a rate decision established after their budgets had been reviewed. Effective July 1, 1981, funding for these facilities became the responsibility of Saskatchewan Social Services. The Level 4 units in Yorkton Union Hospital, Prince Albert Victoria Union Hospital, Moose Jaw Providence Hospital, and Wascana

Hospital in Regina receive funds from the Plan through payments made to the respective hospitals, with funds being recovered by the Plan from Saskatchewan Social Services. The Battlefords Regional Care Centre is funded through Saskatchewan Social Services.

Camp Easter Seal

This camp has been in operation since 1974, permitting up to 45 institutionalized Level 4 patients to enjoy a summer camping experience. It is believed to be the only camping program of its kind in North America available to such severely disabled persons, providing both recreational and therapeutic benefits. The camp is operated by the Saskatchewan Council for Crippled Children and Adults (SCCC&A) with financial support provided by the Plan.



Level 4 Camp at Lake Manitou

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- hospital management and administration
- health records
- radiology, laboratory, physical therapy, pharmacy and dietary services
- medical, dental and nursing staff
- surgical operations, anaesthesia, infections/communicable disease control, and required procedures for pregnant women and newborns
- physical facilities
- hospital staff
- hospital bylaws, fire safety and disaster plans
- other matters affecting hospitals.

Standards of Patient Care

The major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals rests with the hospital standards division of the Plan. This division employs consultants with special training and expertise in the disciplines of nursing, dietetics, health records, laboratory and physiotherapy, with part time assistance in pharmacy and radiology. These consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients as well as compliance with existing legislation and adoption of acceptable professional practices and techniques.

Recommendations arising out of these visits may comment on such areas as departmental activity and organization, desirable staffing standards, functional programs and economics of hospital operations. The implementation and follow up on recommendations is a responsibility jointly shared by the hospital administration analysts and the hospital standards consultants.

Other responsibilities of the hospital standards consultants, in addition to the field program, include:

- provision of consulting service to hospitals in the areas of their clinical expertise
- internal consulting duties to other divisions of the Plan
- special projects or studies
- liaison with professional organizations and Health Care Agencies.

A limited consulting service is also made available to hospitals by regional service units, the Saskatchewan Health-Care Association and private consultants.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office, and health inspectors make annual visits to review

hospital sanitation. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standards of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have formal procedures for the implementation of disaster plans and fire drills and these must be reviewed annually and exercised periodically.

Although the overall responsibility for processing construction projects rests with the Plan's facilities planning and construction division, hospital standards consultants and hospital administration analysts review and assess architectural plans for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance in the form of provincial construction grants. The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Construction Grants

Provincial grant assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for grant assistance except where desirable operational efficiencies can be achieved and a saving in operating costs would result.

The grant formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive construction grant assistance in the following percentages:

- Base Hospital — 60 per cent of approved capital budget.
- Regional Hospital — 50 per cent of approved capital budget.
- Community Hospital — 40 per cent of approved capital budget.

Community health and social centres are eligible to receive construction grant assistance equal to 60 per cent of the approved capital cost, up to a maximum provincial grant of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- Work on the major renovation program at University Hospital continued throughout the year. Among projects completed were a new Chapel, Administration Suite and Medical Photography Department, Delivery Suite and Obstetrics Ward. Scheduled for early commencement are projects designed to upgrade Medical, Rehabilitation and Psychiatric Wards, Medical Records and Business Office Departments.
- Properties have been acquired in Saskatoon, which after renovation will provide Group Home and Youth Resource Centre facilities for the community based adolescent psychiatric program.
- Recommendations contained in a completed feasibility study by Saskatoon City Hospital are under review and consideration.
- A recently completed feasibility study of existing facilities at St. Paul's Hospital, Saskatoon will assist in developing a contemplated major expansion and renovation project.
- Saskatoon University, City and St. Paul's Hospitals are currently engaged in formal discussions which will assist in the co-ordination of the construction activities underway or being planned by the three hospitals.
- A 21.8 million dollar extension to the Regina General Hospital was officially opened in May, 1981. This extension was Package 1 and 2 of the regeneration project at this hospital, and provided new space for several patient care activities and support services.
- A 20 million dollar extension to the Pasqua Hospital, Regina, will be completed in 1982. This extension is Package 2 of the regeneration project at this hospital, and provides expansion of patient care and service space.

- A new community health and social centre was completed at Raymore.

- Construction of new hospitals was completed at:

Carrot River	18 beds
Foam Lake	18 beds
La Loche	12 beds

- Major extension and renovation projects were completed at:

— Leoville — to provide space for a new 11 bed ward plus related facilities.

— Meadow Lake — to generally upgrade existing facilities and provide space for 6 more beds.

- Major renovation projects were completed at:

— Moose Jaw Union Hospital to replace the medical gas piping system.

— Oxbow Union Hospital to correct structural deficiencies and add energy conservation measures.

- Several other projects are in progress. Those which received grant payments during 1981-82 are identified in Appendix B.

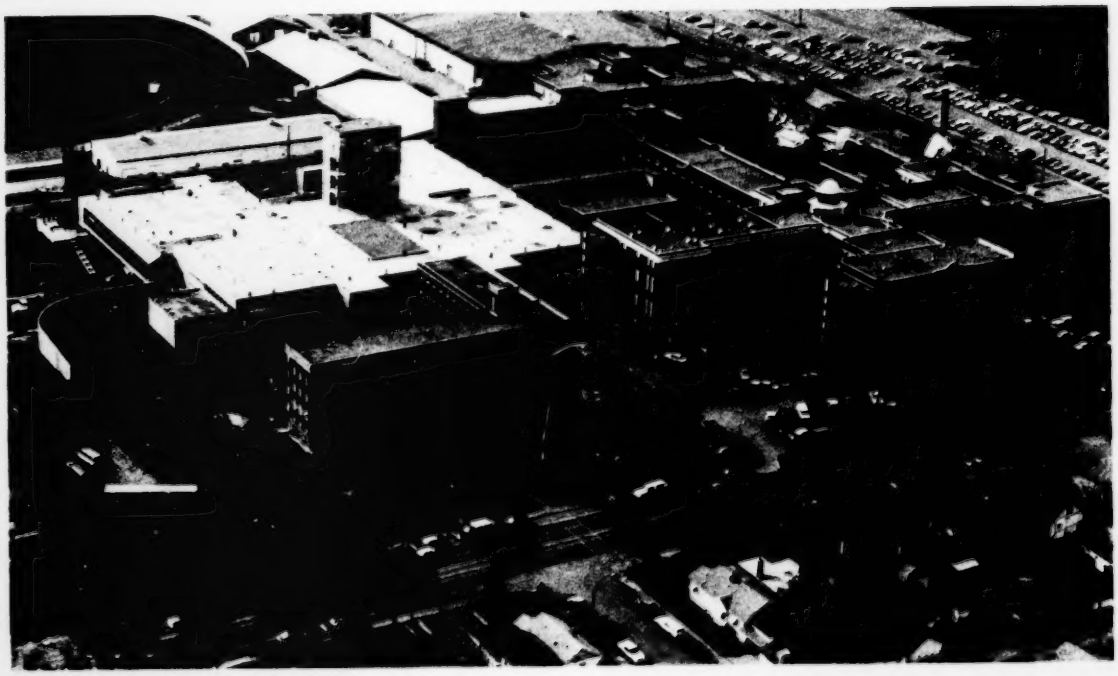
- During the period April 1, 1981 to March 31, 1982, 56 hospital renovation/construction projects in 47 facilities received provincial grants totalling $21,610,351.

Grants for the Retirement of Capital Debt

A program of grant assistance to specified hospitals for the retirement of capital debt was introduced in 1961. Under this program, payments are made to those hospitals affected by the discontinuation of depreciation payments on buildings and building service equipment. Funds are provided to meet the annual principal payments on capital debt incurred by hospitals prior to 1961. The last payment under this program was made in April 1981 for $10,000. (See Appendix A-1).

New Hospital Facilities Opened at Foam Lake, December 1981

Regina General Hospital Regeneration — October 1981



Pasqua Hospital Regeneration — October 1981

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to finance expenditures on their own to join together in order that, collectively, they will have the financial means to maintain support of a local hospital. Areas taking formal action to organize in this manner become known as Union Hospital Districts.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

1. build and maintain a new hospital;

2. purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

3. make grants to a hospital without owning it in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to, or greater than, the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act, under guidance of the Plan's personnel, who provide a counselling service to members of hospital boards and municipal councils for interpreting The Union Hospital Act and implementing its provisions.

In 1981-82, Union Hospital Districts centred on Hafford, Kipling, Lestock, Nokomis, Swift Current and Yorkton were redefined. As at March 31, 1982 there were 116 established Union Hospital Districts in the province.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all rural municipalities or portions thereof, villages, towns, and cities, which are not subject to taxation for hospital support purposes, to pay the Minister of Revenue, Supply and Services an amount equivalent to two mills on their equalized assessment for the preceding year, less a discount of five percent if paid prior to December 31.

All money collected annually is disbursed to hospitals in Saskatchewan prior to March 31 of the following year. Payment is made in accordance with a formula defined in the regulations under the Act. The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by residents of municipalities in which the hospital revenue tax is being levied. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province received special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the district operates a hospital for the provision of services to inpatients.

- joining a union hospital district where the board of the district agrees to make an annual grant to a hospital for a period of at least five years, in an amount equivalent to or more than that which the municipality would have been required to pay to the Minister of Revenue, Supply and Services under the Act if the hospital revenue tax had been levied in the municipality in that year.

- entering into an agreement with a hospital to make an annual grant to the hospital for a period of at least five years in an amount equivalent to or more than that which the municipality would have been required to pay to the Minister of Revenue, Supply and Services under the Act if the hospital revenue tax had been levied in the municipality in that year.

- entering into an agreement with a corporation or other person operating a community health and social centre, and also an agreement with one or more hospitals, to make annual grants for a period of

at least five years in amounts that in total are equivalent to or more than that which the municipality would have been required to pay to the Minister of Revenue, Supply and Services under the Act if the hospital revenue tax had been levied in the municipality in that year.

A legislative amendment was enacted in 1973, whereby a municipality, or a portion of a municipality, that is included within a union hospital district and the board of the district is operating a community health and social centre, may pay to the Minister of Revenue, Supply and Services one-half of the amount it would otherwise be required to pay to the Minister of Revenue, Supply and Services under the Act, and an equal amount to the board of the union hospital district.

Table II summarizes the financial activity under the Act for the eleven years from 1971 to 1981:

Table II
Summary of Activity under The Hospital Revenue Act

Year	Number of municipalities subject to the tax	Amount received by Minister of Revenue, Supply and Services	Number of hospitals receiving payments
1971	123	263,990	54
1972	120	259,673	55
1973	114	230,622	47
1974	115	242,535	47
1975	113	234,098	50
1976	112	254,064	52
1977	113	260,621	53
1978	112	267,739	51
1979	112	272,520	49
1980	112	281,659	49
1981	114	292,155	50*

* See Appendix A-1 for details of grants paid to hospitals under The Hospital Revenue Act.

Hospital Insurance and Diagnostic Services Act

On July 1, 1958, an agreement between the Government of Canada and the Province under the Hospital Insurance and Diagnostic Services Act (Canada) came into effect. Under this agreement hospital insurance costs were shared with Canada. On July 11, 1975, the Minister of National Health and Welfare gave the required five year's notice that the agreement would be terminated as of July 15, 1980. Subsequently the cost sharing agreement under the Hospital Insurance and Diagnostic Services Act was superseded by a new arrangement effective April 1, 1977.

Commencing April 1, 1977, the financing of hospital insurance was transferred to the Federal-Provincial Fiscal Arrangement and Established Programs Financing Act, 1977 (Canada). Saskatchewan Health is responsible for administering the program under the Hospital Insurance and Diagnostic Services Act and Saskatchewan Finance is responsible for administering the cost sharing arrangements under the Established Programs Financing Act.

Payments received after March 31, 1977, under the Hospital Insurance and Diagnostic Services Act are final payments applicable to the period prior to April 1, 1977.

The following table illustrates the amounts recovered under the Hospital Insurance and Diagnostic Services Act for selected years 1958 to 1981-82.

Table III
Funds Recovered Under The Hospital Insurance and Diagnostic Services Act
(Selected Years 1958 to 1981-82)

Year	Total	Inpatients	Outpatients
1958	$ 3,668,117	$ 3,653,803	$ 14,314
1960	14,206,600	13,812,815	396,785
1965	24,898,670	23,138,853	1,759,817
1970	43,434,256	39,453,972	2,980,284
1975	83,188,208	74,766,061	8,422,147
1976	102,174,086	90,502,937	11,671,149
Jan. 1/77-Mar. 31/78	39,004,396	34,617,281	4,387,115
1978-79	7,122,128	7,122,128	—
1979-80	4,259,321	4,259,321	—
1980-81	2,569,584	2,569,584	—
1981-82	1,359,091	1,359,091	—

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospitals' standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the executive offices of the council, located at 1815 Alta Vista Drive, Ottawa, Ontario, K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the accreditation council the cost of each survey is recognized subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1982, that is 50 hospitals with a rated bed capacity of 5,534.

Table V
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as of March 31, 1982

Assiniboia
Assiniboia Union Hospital

Balcarres
Balcarres Union Hospital

Biggar
Biggar Union Hospital

Birch Hills
Birch Hills Memorial Union Hospital

Cabri
Cabri Union Hospital

Canora
Canora Union Hospital

Central Butte
Central Butte Union Hospital

Cudworth
St. Michael's Hospital

Esterhazy
St. Anthony's Hospital

Estevan
St. Joseph's Hospital

Eston
Eston Union Hospital

Fort Qu'Appelle
Fort Qu'Appelle Indian Hospital

Gravelbourg
St. Joseph's Hospital

Humboldt
St. Elizabeth's Hospital

Imperial
Imperial Union Hospital

Kamsack
Kamsack Union Hospital

Kerrobert
Kerrobert Union Hospital

Kindersley
Kindersley Union Hospital

Langenburg
Langenburg Union Hospital

Lestock
St. Joseph's Union Hospital

Lloydminster
Lloydminster Hospital

Lucky Lake
Lucky Lake Union Hospital

Macklin
St. Joseph's Hospital

Meadow Lake
Meadow Lake Union Hospital

Melfort
Melfort Union Hospital

Melville
St. Peter's Hospital

Moose Jaw
Moose Jaw Union Hospital
Providence Hospital

Neilburg
Neilburg & District Union Hospital

Nipawin
Nipawin Union Hospital

North Battleford
Battlefords Union Hospital

Preeceville
Preeceville Union Hospital

Prince Albert
Holy Family Hospital
Victoria Union Hospital

Radville
Radville Community Hospital

Regina
South Saskatchewan Hospital Centre
— Plains Health Centre
— Pasqua Hospital
— Wascana Hospital
Regina General Hospital

Rosetown
Rosetown Union Hospital

Rosthern
Rosthern Union Hospital

Saskatoon
St. Paul's Hospital (Grey Nuns') of Saskatoon
Saskatoon City Hospital
University Hospital

Shellbrook
Shellbrook Union Hospital

Swift Current
Swift Current Union Hospital

Turtleford
Riverside Memorial Union Hospital

Wakaw
Wakaw Union Hospital

Wilkie
Wilkie Union Hospital

Yorkton
Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Saskatchewan Health-Care Association

Established in 1918, the Saskatchewan Health-Care Association is the representative non-profit body of health-care providers in Saskatchewan, and was formerly known as the Saskatchewan Hospital Association.

All organizations which provide direct health care services to members of the public are eligible for membership in the Association, as well as organizations which provide health or health-related services, and whose prime purpose is to improve health care.

The purposes of the Association are to develop and improve a comprehensive health system in the Province of Saskatchewan by:

- bringing together all elements of the health system for discussion and concerted action.
- through co-ordination and integration seek to achieve the highest quality service and most efficient use of resources.
- to present the collective views of the membership to government and regulatory agencies and other representative bodies.
- to provide a complete range of services to members.
- to encourage participation in recognized accreditation and licencing processes.
- to develop appropriate relationships with provincial and national associations with similar purposes and goals.
- to keep abreast of new developments in health care in other areas which would be applicable to Saskatchewan.

Association policies are established by a Board of Directors elected or appointed from all parts of the province and are implemented by a staff of twenty-three.

The Association maintains liaison with Saskatchewan Health and ongoing liaison with the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health related agencies.

The Association provides consulting services in employee relations as the SHA negotiates agreements on behalf of the membership and recommends the negotiated agreements to them for their approval. It also provides assistance in interpreting negotiated agreements and represents the members at hearings before the Labour Relations Board.

Through its education department, the Saskatchewan Health-Care Association identifies the educational needs of its membership and promotes continuing education for trustees as well as staff of member institutions. This department also assumes responsibility for providing career information, audio-visual materials, and through its Newsletter keeps the membership informed on matters of interest to the health service sector.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the SHA Pension Plan, the SHA Group Life Insurance Program, and the SHA Disability Income Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides direction for computer systems development and operation to Saskatchewan Health-Care Association members through a co-ordinated and rational approach utilizing expertise from all segments of the health industry. Continuous monitoring and updating of computer activities is provided by the Association through the Systems Management Committee and the Shared Systems Committee, two standing committees of the Saskatchewan Health-Care Association.

The Group Purchasing Department provides a group purchasing and tendering program for member institutions to contain escalating costs in the health-care field in Saskatchewan. Current programs include general supplies and pharmaceutical purchasing. In addition a Replacement Linen program and Capital Equipment program was initiated in 1980.

The Association also administers the rural summer medical extern program (third year medical students) for Saskatchewan Health.

Membership in the Association in 1981 includes 140 acute care hospitals, 85 special care homes, 21 home care boards, 11 road ambulance boards, 12 miscellaneous and 27 allied health organizations.

A portion of the operating funds of the Association comes from the annual dues levied on its members. These dues are considered a legitimate budgetary expense of the hospitals by the Plan, and are included in the rates of payment approved for member hospitals by the Plan. A direct grant is also made to the Association by the Plan towards the cost of providing educational and employee relations services to member hospitals.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from the Saskatchewan Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Commission pays the medical expenses incurred.

The Saskatchewan Hospital Services Plan administered an appropriation of $10,198,850 for cancer services in 1981-82. In addition, and as part of the Regina Regeneration Program, the Saskatchewan Hospital Services Plan funded the expansion of the Allan Blair Memorial Clinic at the Pasqua Hospital for the purpose of housing a linear accelerator to provide high-energy radiation therapy.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400-2631 28th Avenue, Regina, Saskatchewan, S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. From April 1, 1981 to March 31, 1982 the Plan paid $3,712,113 to the Canadian Red Cross Society for the provision of these services.

Major expansion and renovation projects at both the Regina and Saskatoon Centres were completed in 1981.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the body responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The league continues its mandate pursuant to provisions of the Non-Profit Corporations Act as of June 30, 1981.

Over the years, the League has operated inpatient Sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are now treated in the province's general hospitals and a portion of the operating costs of the League are funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

— League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals.

— League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San.

— The League conducts surveys as required and is responsible for the distribution of anti- TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventive programs in the area of lung and other chest diseases.

An account of the payments made to the Anti-TB League in 1981-82 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, Echo Valley Centre, Fort San, Saskatchewan, S0G 1T0.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic and is also responsible for providing the necessary facilities and equipment.

The physicians are paid a salary and provide a wide range of medical services. Salaries are based on average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, optometric and pharmaceutical services. Other programs include weight reduction, fitness classes and group therapy.

In 1981-82 community clinics were operating in Regina, Saskatoon and Prince Albert. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through a satellite clinic in Saskatoon.

A community health association continued to operate a clinic in Lloydminster in 1981-82. As well, a Community Health Services Association in Wynyard began operating a clinic in that community during 1981.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review. Funds for physician services and optometrist services are reimbursed to SHSP by MCIC.

For a detailed account of payments made to community health associations in 1981-82 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initally developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. The objective of the program is to provide a preventive and curative health and social program which is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide both outpatient and home care services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service.
- an on-call nurse to provide 24-hour emergency service.
- public health services such as
  - preventive health services
  - maternal and child health conferences
  - immunization
  - school health visiting
  - health education

In addition, the following are based in the health and Social Centre in some communities:

- a home care program through social services
- a social activity program primarily for elderly people where one can be arranged
- regional social services (e.g. meals on wheels, handyman, etc.)

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1982, following the opening of an additional facility in

Raymore in 1981. Of these, two are located in communities that opted to close their hospitals in favour of developing this type of community based health and social program.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1981-82.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per time unit of service rendered to insured beneficiaries.

During 1981-82 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives from the Private Practitioners Section of the Saskatchewan Physical Therapists Association, one representative from the Council of the Physical Therapists Association and one representative selected by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1981-82.

Central Hospital Laundries

Central hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. During 1981-82 centralized laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 22 in the Prince Albert area and 14 in the Yorkton area. Some of these laundries provide service to a limited number of local institutions and commercial establishments as well.

The Plan approves a rate for each central laundry and clients are charged for laundry and linen services on this basis rather than the laundries being funded directly by the Plan.

The laundries group purchase certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a central laundry and thus take advantage of volume purchasing as well.

In 1981-82, regional laundries processed 20 million pounds of hospital linen.

During the past year, approval was given by the Minister of Health to the Regina laundry to enter into an agreement with the Saskatchewan Economic Development Corporation (SEDCO) regarding the construction of a new facility. The new laundry will incorporate several energy efficient systems. It is anticipated the new building will be completed by April, 1983 and the laundry in full operation by September of 1983.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund, administered by the Minister's Advisory Committee on Service Funding of the Medical Education System. The Committee is appointed by the Ministers of Health and Continuing Education and includes representatives of Saskatchewan Finance, and the Saskatchewan Universities Commission.

The Clinical Services Fund funds post-graduate education (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1981-82 salary support was provided for approximately 51 interns and 149 residents, and 59 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries the Clinical Services Fund provided support in 1981-82 for fifth year medical student stipends, a summer employment program for third year medical students, an education co-ordinator at Saskatoon City Hospital, and a perinatal education program conducted by the College of Medicine's Division of Continuing Medical Education.

In 1981-82 the Clinical Services Fund disbursed $7,536,000:

Interns	$1,118,384
Residents	3,786,253
Faculty Salaries	2,420,323
Services-related Projects	211,040
Total	$7,536,000

Hospital Systems Study Group

The Hospital Systems Study Group is a non profit company incorporated under the Non-Profit Corporations Act 1978 of Saskatchewan. Voting memberships are held by University Hospital, Saskatchewan Health, University of Saskatchewan, South Saskatchewan Hospital Centre, Saskatchewan Health-Care Association and University of Regina.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing activities. The work done by HSSG reflects the continuing needs of users for better management and information systems and the rapidly changing field of systems technology.

Examples of services provided by HSSG in 1981-82 are:

- The Personnel/Payroll System served 32 hospitals, 3 level 4 facilities and 2 community clinics.

- Central Agency of Saskatchewan Hospitals (C.A.S.H.) program served 24 hospitals in 1981. By consolidating accounts payable payments through a central interest bearing bank account, savings of over $630,000 have accrued to hospitals since 1973.

- The Employee Benefit Plans System was maintained and operated under contract to Saskatchewan Health-Care Association.

HSSG issues a separate annual report. A copy of this report may be obtained from the Executive Director, Hospital Systems Study Group, 3337 8th Street E., Saskatoon, Saskatchewan, S7H 4K1.

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures the use of manipulative methods to detect and correct maladjustments of, or affecting, the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the speciality of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries.

Effective April 1, 1980, responsibility for the payment of osteopathy claims was transferred to the Saskatchewan Hospital Services Plan from the Medical Services Division. A statement of payments in 1981-82 is contained in Appendix A-3.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The operating and budget year for the Clinic is July 1 to June 30 of the next year and monthly payments are processed through the University Hospital. The approved budget for the 1981-82 year was $353,358.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

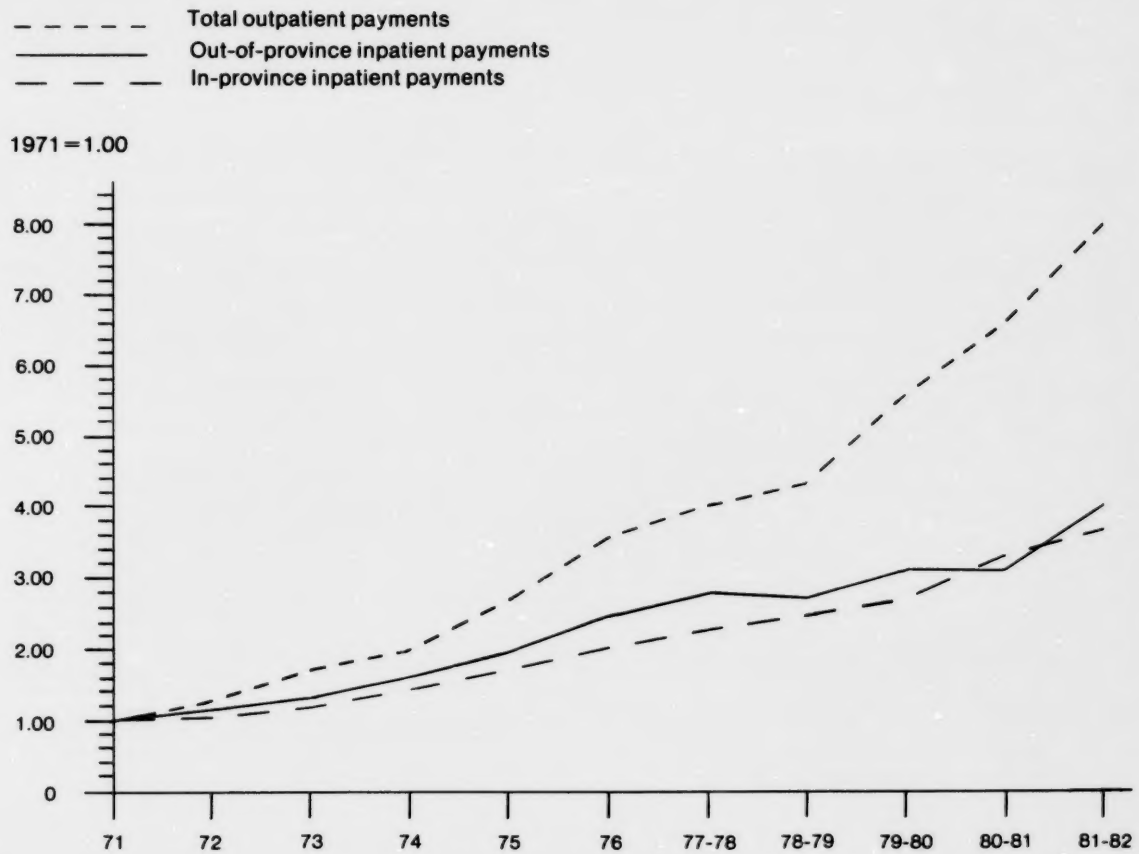
The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1982, amounted to $348,157,272. Payments for the fiscal years 1979-80, 1980-81 and 1981-82 are shown in Appendix D-1.

Figure 1: Relative change of Payments to General Hospitals for Inpatients and Outpatients, 1971 to 1981-82



Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1982, payments totalling $288,116,991 were made to in-province hospitals for inpatient care. For further details see Appendix D-1. Payments to in-province hospitals for outpatient services amounted to $42,060,622 for the twelve months ending March 31, 1982.

During the year the Plan paid $988,577 to Saskatchewan hospitals for inpatient care provided to residents of other provinces under reciprocal agreements with these provinces effective October 1, 1981. These payments are invoiced to other provincial government authorities responsible for these non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $476,211 remains outstanding at March 31, 1981.

In addition, payments to other approved facilities within the province amounted to $4,867,306.

Payments for insured services provided outside the province amounted to $9,614,786 for the months ending March 31, 1982. Of this amount $8,727,966 was paid for inpatient services and $885,820 was paid for outpatient services.

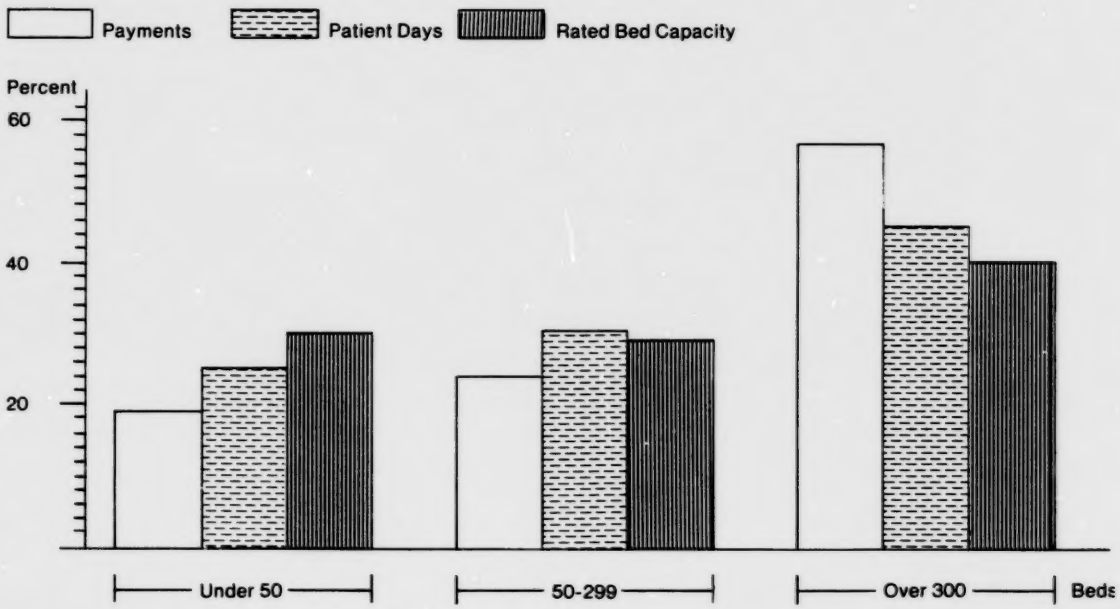
Administration Expenses

During the twelve months ending March 31, 1982, it cost $3,870,172 to operate the Plan. There were 149 positions approved for the Plan as of March 31, 1982.

Revenues

The total revenue for the Saskatchewan Hospitalization Fund during the twelve months ending March 31, 1982 amounted to $348,212,290 of which 100.0 percent came from Consolidated Fund appropriations. The Province received reimbursement from the Federal Government under the cost sharing agreement (Hospital Insurance and Diagnostic Services Act (Canada)) in the amount of $1,359,091 during this same period.

Figure 2: Percentage of Payments, Rated Beds and Patient Days by Bed Size Group in General Hospitals, 1981-82



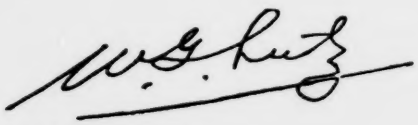
Auditor's Report

To the Members of the Legislative Assembly of the Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1982. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1982 and the balance of fund at that date in accordance with the stated accounting policies applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan, May 14, 1982.



W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts and Payments
For the Year Ended March 31

	1982	1981
Receipts:		
Miscellaneous Revenue	$ —	$ 223
Grants from Consolidated Fund — For Administration	3,882,750	3,671,000
For Hospitalization	344,329,540	311,704,520
	$ 348,212,290	$ 315,375,743
Payments:		
Hospitalization —		
Hospitals within the Province	$ 330,177,613	$ 310,062,290
Hospitals outside the Province	9,403,239	8,032,717
Other approved facilities within the Province	4,867,306	4,191,922
Reimbursement to patients re:		
Out-of-Province hospital accounts	211,547	203,864
Less: Recoveries — Third-Party Liability	848,816	753,071
Total Hospitalization Payments — Saskatchewan Residents	$ 343,810,889	$ 321,737,722
Hospitals within the Province — Reciprocal Billings for Non-Province Residents (net of recoveries of $512,365)	476,211	—
Total Hospitalization Payments	$ 344,287,100	$ 321,737,722
General Administration —		
Salaries, Services and Gratuities	$ 3,413,658	$ 3,116,931
Travel, Sustenance and Vehicle expense	92,650	85,391
Other	1,286,935	1,290,736
	$ 4,793,243	$ 4,493,058
Less: Recoveries for Services to Other Agencies	923,071	828,066
Total General Administration Payments (Statement 2)	$ 3,870,172	$ 3,664,992
	$ 348,157,272	$ 325,402,714
Excess of Receipts over Payments	$ 55,018	$ (10,026,971)
Balance of Fund, beginning of year	587,142	10,614,113
Balance of Fund, end of year	$ 642,160	$ 587,142
Represented by:		
Cash	$ 642,160	$ 587,142

(See accompanying notes to the Financial Statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31

	1982	1981
Salaries, Services and Gratuities	$ 3,413,658	$ 3,116,931
Postage, Telephone and Telegraph	226,632	188,567
Computer Services	186,935	173,796
Stationery and Office Supplies	178,017	106,466
Miscellaneous Professional and Technical Services	158,569	255,904
Equipment:		
Rentals	95,258	90,537
Purchase of Accounting and Business Machines	12,775	1,574
Repairs (including minor equipment purchases)	10,816	5,589
Travel, Sustenance and Vehicle Expense	92,650	85,391
Programmer Analyst Services	72,161	89,366
Registration Services Fees	65,790	66,020
Employer's Contribution — Public Employees' Superannuation Plan	51,937	41,696
Employer's Contribution — Unemployment Insurance	51,405	36,058
Public Announcements and Advertising	37,853	77,177
Employer's Contribution — Canada Pension Plan	36,228	34,349
Other Miscellaneous Contractual Services	33,339	56,745
Workers' Compensation Board Assessment	26,771	22,082
Printing, Binding and Engraving	11,250	13,984
Freight, Express, Cartage and Duty	7,825	7,958
Registration Fees	5,249	5,914
Employer's Contribution — Disability Income Plan	4,723	3,701
Legal Fees and Expenses	4,210	1,435
Miscellaneous	9,192	11,818
	$ 4,793,243	$ 4,493,058
Less: Recoveries for Services to Other Agencies	923,071	828,066
Total to Statement 1	$ 3,870,172	$3,664,992

(See accompanying notes to the Financial Statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1982

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding Cash) are not reflected in these financial statements.

(b) In accordance with government accounting policy, costs which are not normally allocated between government departments, such as occupancy costs are not charged to the Fund.

(c) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(d) Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are:

In-province	$1,911,060
Out-of-Province	290,335
	$2,201,395

Statistical Synopsis

Covered Population

The covered population of the province as determined by the Plan was 990,746 as of June 30, 1981. This represents an increase of 8,489 from the covered population of June 30, 1980. Please see Appendix C-1 for details.

Figure 3 below illustrates the changing geographic composition of Saskatchewan's covered population. The covered population of cities and towns has grown 17.9 and 17.0 per cent respectively since 1971 while the population of villages and rural areas has declined 9.1 and 16.2 per cent during the same period. The covered population of Registered Indians has increased from 3.6 per cent of the total population in 1971 to 4.4 per cent in 1981. This represents an increase of 30.4 per cent over the past 10 years; clearly the highest rate of growth experienced by any residence type in the province. Further details are provided in Appendix C-2.

Figure 3: Relative Change in Covered Population of Saskatchewan, 1971 to 1981.

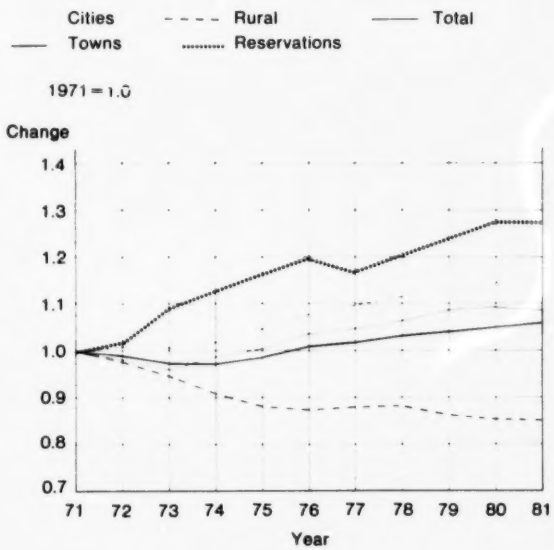
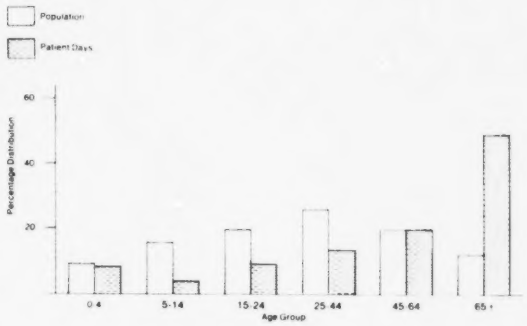


Figure 4 summarizes hospital utilization according to age groups. Although the over 65 group represent only 12 per cent of the population, it accounts for 48 per cent of the hospital acute care patient days. As the proportion of the total population in the over 65 year age group increases, it will tend to increase the total provincial utilization rate. Further details are provided in Appendix E-1.

Figure 4: Percentage Distribution of Population and Patient Days by Age Group, April 1, 1981-March 31, 1982



The place of residence is an important determinant of hospital utilization rates. There is a considerable variation in utilization rates between different geographical areas in the province. This variation can be the result of several different factors and the reader should be cautious about drawing specific conclusions from Figure 5 and Appendix E-2.

Figure 5: Separations and Patient Days per 1,000 Population by Type of Residence, April 1, 1981-March 31, 1982

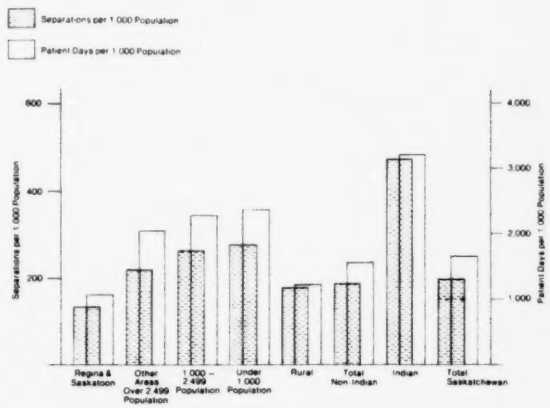


Figure 6 shows that Saskatchewan, when compared to the other provinces, had the highest rate of separations per 1,000 population. Quebec, which had the lowest rate of separations (110 separations per 1,000 population) had almost half of the separation rate of Saskatchewan. However, Saskatchewan, comparatively had the third lowest length of stay. See Appendix F-2 for details.

Figure 6: Separations and Patient Days per 1,000 population, Canada and Selected Provinces: 1980-1981

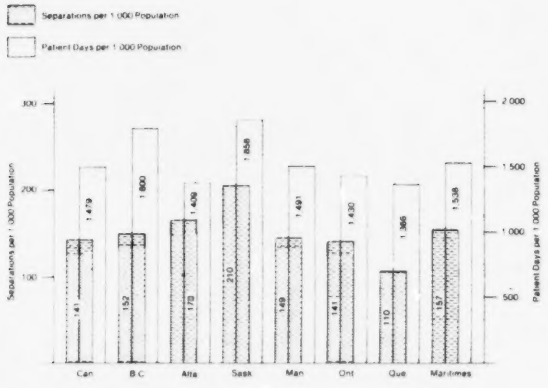


Figure 7 illustrates that during 1980-81 Saskatchewan public general hospitals had a rated bed capacity of 6.9 beds per 1,000 population (population estimated by Statistics Canada and not the covered population) and an actual occupancy (on average) of 5.1 beds per 1,000 population. By either of these standards, Saskatchewan compares favourably with the rest of Canada. Further details are provided in Appendices F-1 and F-2.

Figure 7: Public General Hospitals — Rated Beds and Occupied Beds per 1,000 Population: 1980-81

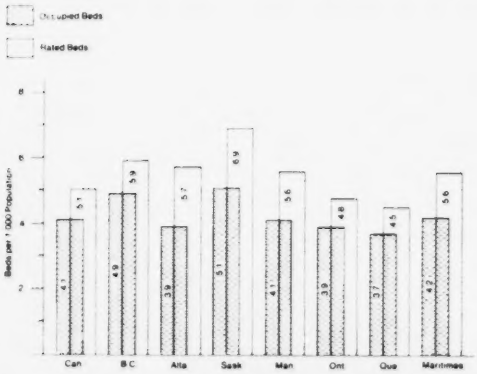


Table VI illustrates the number of hospital beds in Saskatchewan, by level of care and category of facility (whether located in a general hospital or an extended care or rehabilitation hospital) as of March 31, 1982.

Table VI — Number of Beds in Saskatchewan by Level of Care as of March 31, 1982

Level of Care*	General Hospitals	Extended Care and Rehabilitation Hospitals	Federal Hospitals	Total	Rate per 1,000 Covered Population**
Level 4 (Extended Care)	377	965	—	1,342	1.4
Level 5 (Rehabilitation Care)	22	96	—	118	0.1
Level 6 (Acute Care)	6,147	—	60	6,207	6.3
Psychiatric Units	271	—	—	271	0.3
Alcoholism Unit	12	—	—	12	0.0
Total	6,829	1,061	60	7,950	8.0

* The definitions of level of care are provided in the Glossary.
**Varies slightly from figures in Appendices F-1 and F-2 due to the difference in population estimates.

Appendices

Appendix A **Payments to Hospitals and Other Facilities**

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1981-82.

A-2 Payments to Community Operated Outpatient Facilities, 1981-82.

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1981-82.

Appendix B **Grants for Construction and Renovations, 1981-82.**

Appendix C **Population Covered**

C-1 Age and Sex Distribution of Covered Population for Selected Years, 1947-81.

C-2 Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1971, 1976, 1981.

Appendix D **Payments for Saskatchewan Beneficiaries at all Locations**

D-1 Saskatchewan Hospitalization Fund Payments for Years, 1979-80 to 1981-82.

D-2 Separations, Patient Days, Average Days of Stay and Cost of Inpatient Care in General Hospitals for Adults and Children, and Newborns by Hospital Location, 1980-81 and 1981-82.

D-3 Summary of Inpatient Separations by Type of Responsibility, 1981-82.

D-4 Volume and Rate of General Hospital Inpatient Care for Selected Years for Saskatchewan Beneficiaries.

Appendix E **Acute Care Utilization by Saskatchewan Beneficiaries**

E-1 Age and Sex Incidence of Acute Care Hospitalization in General Hospitals, 1981-82.

E-2 Separations, Patient Days and Corresponding Rates by Residence (for Provincial Plan Inpatients of General Hospitals, including Out-of-Province Hospitalization), 1981-82.

E-3 Inpatient Care by Diagnosis (Canadian List), 1981-82.

E-4 Inpatient Care by Diagnostic Chapter, Age and Sex, 1981-82.

E-5 Separations, Days and Average Days of Stay for Sixty-Nine Selected Operations for Saskatchewan Beneficiaries, 1981-82.

E-6 Separations and Patient Days by Age, Sex and Length of Stay, 1981-82.

Appendix F **Interprovincial Comparisons and Selected Statistics for Saskatchewan Hospitals.**

F-1 Hospital Rated Beds in Canada and the Provinces by Type of Hospital and Number of Beds per 1,000 Population, 1980-81.

F-2 Comparative Table of Selected Indices for General Hospitals, for Provinces and Canada (Ranked), 1980-81.

F-3 Average Number of Full-Time Employees in Saskatchewan General Hospitals and Paid Hours of Work per Patient Day for Selected Years.

Appendix G **Acts Administered by the Plan**

Appendix H **Glossary**

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1982

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/82	Approved Daily Census Mar. 31/82	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Grants for the Retirement of Capital Debt	Payments Under Hospital Revenue Act
General Hospitals							
Arborfield Union		8	6.0	$ 295,696	$ 4,500	$ —	$ —
Arcola, Brock Union		24	19.1	745,531	—	—	—
Assiniboia Union		42	27.0	1,134,444	—	—	4,605
Balcarres Union		29	21.7	872,083	—	—	—
Beechy Union		8	4.4	298,783	—	—	—
Bengough Union		16	8.9	360,253	—	—	—
Bienfait-Coalfields Union		12	5.0	232,683	—	—	—
Biggar Union		32	22.2	1,113,782	—	—	—
Big River Union		25	17.3	645,103	—	—	—
Birch Hills Memorial Union		15	12.6	521,030	12,192	—	—
Borden Union		10	5.9	309,437	—	—	—
Broadview Union		22	17.1	595,439	—	—	—
Cabri Union		20	8.2	417,647	—	—	—
Canora Union		50	37.3	1,753,522	—	—	—
Carrot River Union		18	13.5	565,771	50,804	—	—
Central Butte Union		30	19.8	802,618	—	—	—
Climax, Border Union		8	4.1	285,672	—	—	—
Coronach Union		12	6.5	363,314	—	—	873
Craik Community		8	3.1	267,136	—	—	695
Cudworth, St. Michael's		20	14.5	562,725	—	—	1,846
Cupar Union		17	11.0	422,387	—	—	—
Cut Knife Union		7	6.4	307,824	18,840	—	—
Davidson Union		17	13.6	539,993	23,800	—	738
Dinsmore Union		10	5.8	316,686	8,819	—	—
Dodsland Union		10	5.0	297,150	—	—	—
Eastend Union		13	5.0	333,608	—	—	—
Eatonia Union		12	6.1	313,204	8,800	—	—
Edam, Lady Minto Union		8	6.4	326,232	—	—	203
Elrose Union		7	3.0	311,136	—	—	—
Esterhazy, St. Anthony's		30	19.8	910,716	—	—	415
Estevan, St. Joseph's General	(1)	106	66.9	3,448,401	10,013	—	—
Eston Union		24	12.1	596,599	—	—	—
Fillmore Union		15	9.5	424,643	—	—	447
Foam Lake Union		18	13.9	519,517	113,880	—	—
Gainsborough Union		14	8.0	337,374	—	—	—
Goodsoil Union		11	7.9	373,741	—	—	191
Gravelbourg, St. Joseph's		32	16.7	771,441	4,864	—	983
Grenfell Union		18	13.1	505,299	—	10,000	—
Gull Lake Union		16	6.4	360,970	—	—	—
Hafford Union		16	10.8	416,255	—	—	—
Herbert-Morse Union		19	10.8	438,192	—	—	283
Hudson Bay Union		18	14.0	594,139	—	—	—
Humboldt, St. Elizabeth's		81	53.6	3,044,135	—	—	2,127
Ile a la Crosse, St. Joseph's		46	21.6	1,063,642	56,469	—	9,829
Imperial Union		13	6.5	354,336	—	—	390
Indian Head Union		23	17.2	745,950	3,500	—	455
Invermay-Canora Union		11	6.1	337,077	—	—	—
Ituna Union		14	10.0	395,142	—	—	—

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1982

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/82	Approved Daily Census Mar. 31/82	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Grants for the Retirement of Capital Debt	Payments Under Hospital Revenue Act
Kamsack Union		49	40.1	1,808,867	–	–	–
Kelvington Union		22	14.8	551,653	–	–	–
Kerrobert Union		30	16.0	774,022	–	–	–
Kincaid Union		9	4.8	293,830	–	–	–
Kindersley Union		55	29.8	1,358,698	–	–	–
Kinistino Union		16	12.7	503,434	–	–	–
Kipling Memorial Union		27	13.6	721,429	–	–	–
Kyle-White Bear Union		8	4.3	328,691	–	–	–
Lafleche Union		8	4.4	339,535	–	–	–
La Loche, St. Martin's		12	6.0	433,282	419,483	–	2,902
Lampman Union		8	3.8	336,436	–	–	–
Langenburg Union		29	15.1	702,844	–	–	–
Lanigan Union		30	19.0	886,783	–	–	1,253
La Ronge		28	20.8	965,908	–	–	9,942
Leader Union		25	12.4	539,151	–	–	–
Leoville Union		11	7.8	322,621	9,250	–	–
Lestock, St. Joseph's Union		22	19.9	756,448	–	–	–
Lloydminster		92	64.7	1,900,450	4,892	–	–
Loon Lake Union		18	10.5	420,360	–	–	–
Lucky Lake Union		9	5.0	312,433	–	–	–
Macklin, St. Joseph's		25	14.4	547,877	–	–	–
Maidstone Union		19	16.7	615,907	3,600	–	–
Mankota Union		9	4.0	298,863	–	–	–
Maple Creek Union		44	24.1	913,767	–	–	–
Meadow Lake Union		52	40.0	1,776,923	10,043	–	285
Melfort Union		85	61.0	3,245,936	73,376	–	355
Melville, St. Peter's	(2)	81	63.6	2,817,003	–	–	4,550
Midale Union		8	5.3	301,068	–	–	–
Milden Union		10	5.7	316,996	–	–	–
Montmartre Union		11	5.8	347,851	–	–	250
Moose Jaw, Providence	(3)	134	112.4	5,498,822	15,000	–	1,735
Moose Jaw Union	(4)	254	175.3	9,629,415	50,000	–	2,962
Moosomin Union		50	41.8	1,867,270	2,595	–	1,964
Neilburg and District Union		11	8.4	326,527	–	–	–
Nipawin Union		62	51.8	2,548,775	24,606	–	–
Nokomis Union		10	7.9	348,696	–	–	–
Norquay-Canora Union		15	13.7	455,862	18,045	–	–
North Battleford, Battlefords Union	(5)	200	168.8	8,243,760	100,000	–	1,029
Outlook Union		22	17.4	683,341	–	–	882
Oxbow Union		21	9.1	449,420	68,055	–	–
Pangman Union		10	5.2	101,159	–	–	–
Paradise Hill Union		18	12.8	503,298	37,042	–	–
Ponteix Union		10	5.1	297,412	–	–	200
Porcupine-Carragana Union		20	14.0	535,500	–	–	–
Preeceville Union		29	22.0	866,120	–	–	550
Prince Albert, Holy Family	(6)	162	116.3	6,196,617	66,670	–	33,048
Prince Albert, Victoria Union	(7)	228	186.1	9,027,418	142,134	–	564
Rabbit Lake Union		10	5.6	312,751	–	–	–
Radville Community		18	12.8	559,603	–	–	264
Redvers Union		21	13.9	536,966	–	–	712
Regina General	(8)	489	437.9	34,715,350	4,504,000	–	10,976
Regina, South Saskatchewan Hospital Centre:							
– Pasqua Hospital	(9)	404	334.4	21,885,750	10,875,365	–	8,480
– Plains Health Centre		300	236.2	21,039,820	511,405	–	3,636
Rockglen Union		7	4.3	344,263	19,393	–	458

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1982

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/82	Approved Daily Census Mar. 31/82	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Grants for the Retirement of Capital Debt	Payments Under Hospital Revenue Act
Rosetown Union		34	25.0	1,311,289	–	–	–
Rose Valley Union		16	10.4	446,870	–	–	–
Rosthern Union		42	28.9	1,186,984	–	–	1,553
St. Walburg Union		20	8.1	408,676	–	–	–
Saskatoon City	(10)	376	289.2	19,696,574	94,769	–	17,601
Saskatoon, St. Paul's		330	285.0	20,468,989	188,350	–	84,717
Saskatoon, University	(11)	546	432.0	48,815,072	3,876,000**	–	67,623
Shaunavon Union		37	18.4	906,384	–	–	285
Shellbrook Union		30	24.2	891,706	8,477	–	219
Smeaton Union		11	5.7	324,954	–	–	–
Spalding Union		12	9.4	394,436	–	–	–
Spiritwood Union		20	15.8	634,239	–	–	479
Swift Current Union	(12)	164	117.9	6,775,687	4,835	–	3,105
Theodore Union		13	7.1	304,474	–	–	–
Tisdale Union		68	37.0	2,034,397	11,700	–	–
Turtleford, Riverside Memorial Union		26	18.4	899,245	3,510	–	–
Unity Union		28	18.5	762,024	–	–	–
Uranium City, Municipal		32	24.9	1,141,418	–	–	–
Vanguard Union		11	4.0	297,813	–	–	–
Wadena Union		42	22.5	997,554	–	–	–
Wakaw Union		26	22.0	827,139	–	–	2,207
Watrous Union		31	21.8	792,292	2,000	–	464
Watson Union		14	8.9	361,420	–	–	–
Wawota Memorial Union		13	10.2	360,166	–	–	1,229
Weyburn Union		101	67.6	3,648,006	24,323	–	911
Whitewood-Moosomin Union		10	7.4	358,990	–	–	–
Wilkie Union		31	19.6	777,599	–	–	–
Wolseley Memorial Union		19	14.8	627,000	3,317	–	–
Wynyard Union		21	16.5	689,213	–	–	–
Yorkton Union	(13)	313	245.2	10,693,915	35,859	–	685
Total (132 Hospitals)		6,829	5,077.1	$311,184,964	$21,524,580	$10,000	$292,155
Federal Hospitals							
Fort Qu'Appelle Indian		60	34.8	$ 1,447,056	$ –	$ –	$ –
Total (1 Hospital)		60	34.8	$ 1,447,056	$ –	$ –	$ –
Rehabilitation and Extended Care Hospitals							
North Battleford, Battlefords Regional Care Centre		89	–	$ – (A)	$ –	$ –	$
Melfort, Parkland Hospital		120	–	730,465 (B)	–	–	–
Regina, South Saskatchewan Hospital Centre:							
– Wascana Hospital	(14)	215	192.5	8,545,927	–	–	–
Saskatoon, Frank Eliason Centre	(15)	110	–	686,987 (B)	25,300	–	–
Saskatoon, Saskatoon Sanatorium – Extended Care Unit		64	–	575,923 (B)	–	–	–
Swift Current, Palliser Hospital		122	–	776,689 (B)	22,195	–	–
Weyburn, Souris Valley Extended Care Hospital		341	–	1,805,264 (B)	–	–	–
Total (7 Hospitals)		1,061	192.5	$13,121,255	$ 47,495	$ –	$ –

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1982

Type and Location of Hospital Facility	Rated Bed Capacity Mar. 31/82	Approved Daily Census Mar. 31/82	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Grants for the Retirement of Capital Debt	Payments Under Hospital Revenue Act
Other Facilities						
Canadian Red Cross Blood Depot – Regina and Saskatoon	–	–	$ 3,712,113	$ –	$ –	$ –
Saskatchewan Anti-Tuberculosis League, Fort San	–	–	712,225	–	–	–
Total	–	–	$ 4,424,338	$ –	$ –	$ –
Grand total (140 Hospitals)	7,950	5,304.4	$330,177,613	$21,572,075	$10,000	$292,155

* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Capital Grants paid under "The Heritage Fund".
(A) Battlefords Regional Care Centre is funded through the Department of Social Services.
(B) Responsibility for payment of operating costs transferred to Department of Social Services effective July 1, 1982.

(1) Includes – 12 Alcoholic Rehabilitation Beds
(2) Includes – 10 Extended Care Beds
(3) Includes – 42 Extended Care Beds
(4) Includes – 22 Psychiatric Beds
(5) Includes – 32 Psychiatric Beds
(6) Includes – 15 Extended Care Beds
(7) Includes – 60 Psychiatric Beds and 69 Extended Care Beds
(8) Includes – 38 Psychiatric Beds and 25 Extended Care Beds
(9) Includes – 10 Extended Care Beds
(10) Includes – 16 Psychiatric Care Beds
(11) Includes – 39 Psychiatric Beds and 22 Rehabilitation Beds
(12) Includes – 14 Psychiatric Beds
(13) Includes – 51 Psychiatric Beds and 60 Extended Care Beds
(14) Excludes – 54 Department of Veterans Affairs Beds but includes 119 Extended Care Beds and 96 Rehabilitation Beds
(15) Excludes – 64 Level 3 Beds

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1982

Facility	Location	SHSP Insured Services Available	Method of Payment		Payments for Operating Costs	Provincial Grants for Construction and Renovations
Community Clinics						
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory Radiology	Semi-monthly		$ 41,238	$ –
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	(A)	1,084,190	–
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	(B)	543,231	–
Community Health Services (Saskatoon) Association Ltd.	Saskatoon	Outpatient Services	Semi-monthly	(C)	1,502,112	–
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	(D)	49,704	–
					$3,200,475	$ –
Community Health and Social Centres						
Delisle Community Health and Social Centre	Delisle	Outpatient Services	Semi-monthly		$ 70,200	$ –
Hodgeville Community Health and Social Centre	Hodgeville	Outpatient Services	Semi-monthly		36,811	11,276
Leroy Community Health and Social Centre	Leroy	Outpatient Services	Semi-monthly		31,320	–
Maryfield Community Health and Social Centre	Maryfield	Outpatient Services	Semi-monthly		41,745	–
Mossbank Community Health and Social Centre	Mossbank	Outpatient Services	Semi-monthly		27,700	–
Neudorf Community Health and Social Centre	Neudorf	Outpatient Services	Semi-monthly		18,163	–
Quill Lake Community Health and Social Centre	Quill Lake	Outpatient Services	Semi-monthly		29,639	–
Raymore Community Health and Social Centre	Raymore	Outpatient Services	Semi-monthly		15,708	27,000
Strasbourg Community Health and Social Centre	Strasbourg	Outpatient Services	Semi-monthly		76,707	–
Willow Bunch Community Health and Social Centre	Willow Bunch	Outpatient Services	Semi-monthly		35,766	–
Zenon Park Community Health and Social Centre	Zenon Park	Outpatient Services	Semi-monthly		36,761	–
					$ 420,520	$38,276
Total					$3,620,995	$38,276

(A) Payments are net of physician salaries – $1,566,964 was recovered from the Saskatchewan Medical Care Insurance Commission.
(B) Payments are net of physician salaries – $459,853 was recovered from the Saskatchewan Medical Care Insurance Commission.
(C) Payments are net of physician salaries – $1,496,118 was recovered from the Saskatchewan Medical Care Insurance Commission.
(D) Payments are net of physician salaries – $71,890 was recovered from the Saskatchewan Medical Care Insurance Commission.

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1982

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G. Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-service	$ 10,302
K. Julian	Moose Jaw	Physical Therapy	Fee-for-service	66,926
G. Beveridge	Regina	Physical Therapy	Fee-for-service	382,118
A. Durkin	Regina	Physical Therapy	Fee-for-service	86,153
Medical Arts Clinic — Physical Therapy Clinic	Regina	Physical Therapy	Fee-for-service	67,262
Barbara Reid	Regina	Physical Therapy	Fee-for-service	4,532
Dr. D. Tanner	Regina	Osteopathic	Fee-for-service	38,661
J. T. Wasylenko	Regina	Physical Therapy	Fee-for-service	199,984
C. I. Porter	Rosetown	Physical Therapy	Fee-for-service	32,494
J. Crawford	Saskatoon	Physical Therapy	Fee-for-service	125,703
J. M. Smithwick	Saskatoon	Physical Therapy	Fee-for-service	232,176
Total				$1,246,311

Appendix B
Grants for Construction and Renovations, 1981-82

Facility	Project	Status of Construction	Total Grants Approved	Payments April 1/81 to March 31/82
General Hospitals				
Arborfield Union	Renovations — general	Underway	$ 4,800	$ 4,500
Birch Hills Memorial Union	Roof repairs and a/cond.	Completed	12,192	12,192
Carrot River Union	New — 18 bed hospital	Completed	530,804	50,804
Cut Knife Union	New — 8 bed hospital	Planning	267,000	18,840
Davidson Union	Renovations — general	Underway	118,989	23,800
Dinsmore Union	Renovations — boiler	Completed	8,819	8,819
Eatonia Union	Expansion and renovations	Underway	58,514	8,800
Estevan, St. Joseph's	Role study and master program	Underway	13,350	10,013
Foam Lake Union	New — 18 bed hospital	Completed	520,880	113,880
Gravelbourg, St. Joseph's	Renovations — general	Completed	3,466	64
Gravelbourg, St. Joseph's	Feasibility study	Underway	6,400	4,800
Grenfell Union	Renovations — fire safety	Underway	7,480	—
Ile a La Crosse, St. Joseph's	Roof replacement	Completed	56,469	56,469
Indian Head Union	Extension and renovation	Underway	26,303	3,500
La Loche, St. Martin's	New — 12 bed modular hospital	Underway	571,742	419,483
Lanigan Union	Extension and renovations	Planning	86,350	—
La Ronge	New — 28 bed hospital	Planning	4,557,500	—
Leoville Union	Extension and renovations	Completed	114,250	9,250
Lloydminster	Feasibility study	Completed	9,892	4,892
Maidstone Union	Feasibility study	Completed	4,000	3,600
Meadow Lake Union	Extension and renovations	Completed	340,043	10,043
Melfort Union	Major expansion and renovations	Planning	3,079,948	73,376
Moose Jaw, Providence	Renovations — incinerator room	Underway	40,000	15,000
Moose Jaw Union	Replace medical gas piping	Underway	56,805	50,000
Moosomin Union	Feasibility study	Completed	2,595	2,595
Nipawin Union	Feasibility study	Completed	8,000	4,606
Nipawin Union	New — 70 bed hospital	Planning	2,451,560	20,000
Norquay — Canora Union	Community Health Services — space	Underway	28,389	18,045
North Battleford, Battlefords Union	New — 32 bed psychiatric unit	Completed	2,800,000	100,000
Oxbow Union	Renovations — general	Underway	90,740	68,055
Paradise Hill Union	Landscaping	Completed	37,042	37,042
Preeceville Union	Renovations — general	Underway	16,504	—
Prince Albert, Holy Family	Renovations — mechanical	Underway	124,671	66,670
Prince Albert, Victoria Union	Additions of 48 level 4 beds	Underway	1,700,000	142,134
Regina General	Renovations — general	Completed	35,500	3,000
Regina General	Regeneration Program	Underway	68,200,000	4,501,000
Regina Pasqua	Regeneration Program	Underway	47,770,000	10,875,365
Regina Plains Health Centre	Renovations — general	Completed	76,473	1,405
Regina Plains Health Centre	Replace roof	Completed	536,886	510,000
Rockglen Union	Renovations — general	Completed	19,398	19,398
Saskatoon City	Feasibility study	Completed	148,235	46,635
Saskatoon City	Planning	Completed	48,134	48,134
Saskatoon, St. Paul's	Dialysis Unit	Completed	393,475	127,600
Saskatoon, St. Paul's	Interim Planning	Completed	28,050	28,050
Saskatoon, St. Paul's	Feasibility study	Completed	33,000	32,700
Saskatoon, University	Community Psychiatric Program	Underway	500,000	100,000
Saskatoon, University	Major Renovations	Underway	29,700,000	3,776,000
Shellbrook Union	Renovations — mechanical	Completed	8,477	8,477
Swift Current Union	Renovations — security	Completed	4,835	4,835
Tisdale Union	Renovations — general	Underway	29,260	11,700
Turtleford, Riverside Memorial Union	Renovations — general	Completed	11,610	3,510
Watrous Union	Feasibility study	Completed	2,000	2,000
Weyburn Union	Renovations — general	Completed	4,323	4,323
Weyburn Union	Renovations — general	Completed	27,797	20,000
Wolseley Memorial Union	Extension and renovations	Completed	133,317	3,317
Yorkton Union	Major expansion and renovations	Planning	1,892,130	35,859
Total			$167,358,397	$21,524,580
Rehabilitation and Extended Care Hospitals				
Saskatoon, Frank Eliason Centre	Renovations — general	Completed	$ 25,300	$ 25,300
Swift Current Palliser	Renovations — general	Completed	22,195	22,195
Total			$ 47,495	$ 47,495
Community Health & Social Centres				
Hodgeville	Renovations — general	Completed	$ 11,276	$ 11,276
Raymore	New Health and Social Centre	Completed	27,000	27,000
Total			$ 38,276	$ 38,276
Grand Total			$167,444,168	$21,610,351

Appendix C
Population Covered

Appendix C-1
Age and Sex Distribution of Covered Population* for Selected Years 1947-1981

Year**	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
				Both Sexes				
1947	780,445	20,071	64,106	143,349	139,668	213,985	144,699	54,567
1951	779,470	19,044	73,284	143,165	121,773	215,603	141,797	64,813
1956	831,074	22,011	81,432	165,668	116,737	221,200	147,222	76,801
1961	910,139	22,982	90,649	198,977	127,335	221,469	163,149	85,578
1966	951,434	19,501	88,576	213,951	151,738	210,633	178,198	88,837
1971	938,527	16,878	66,662	206,366	170,043	197,670	186,739	94,169
1976	949,463	16,061	62,886	178,091	189,661	211,564	187,812	103,388
1978	970,510	16,235	64,327	169,224	197,442	227,280	187,767	108,235
1979	976,734	16,356	65,123	164,094	197,618	235,303	186,955	111,285
1980	982,257	15,610	65,901	160,801	196,380	243,951	185,640	113,974
1981	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
				Males				
1947	407,336	10,271	32,870	72,821	68,697	109,495	81,376	31,806
1951	404,262	9,789	37,567	73,153	59,964	108,384	77,895	37,501
1956	429,166	11,245	42,141	84,938	58,077	110,554	78,571	43,640
1961	468,881	11,918	46,860	102,389	63,940	110,883	85,475	47,416
1966	484,979	10,028	45,211	109,777	76,573	105,624	91,434	46,332
1971	473,600	8,597	34,252	105,394	85,560	98,622	93,877	47,298
1976	478,886	8,103	32,080	90,930	97,106	106,934	93,772	49,961
1978	489,131	8,338	32,648	86,546	100,819	115,757	93,567	51,456
1979	492,266	8,494	33,109	84,009	100,894	120,019	93,160	52,581
1980	494,736	7,957	33,660	82,366	100,211	124,466	92,567	53,509
1981	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
				Females				
1947	373,109	9,800	31,236	70,528	70,971	104,490	63,323	22,761
1951	375,208	9,246	35,717	70,003	61,809	107,219	63,902	27,312
1956	401,908	10,766	39,291	80,730	58,660	110,646	68,651	33,164
1961	441,258	11,064	43,789	96,588	63,395	110,586	77,674	38,162
1966	466,455	9,473	43,365	104,174	75,165	105,009	86,764	42,505
1971	464,927	8,281	32,410	100,972	84,483	99,048	92,862	46,871
1976	470,577	7,958	30,806	87,161	92,555	104,630	94,040	53,427
1978	481,379	7,897	31,679	82,678	96,623	111,523	94,200	56,779
1979	484,468	7,862	32,014	80,085	96,724	115,284	93,795	58,704
1980	487,521	7,653	32,241	78,435	96,169	119,485	93,073	60,465
1981	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255

* A detailed "Covered Population Report" is published yearly and is available for a charge from SHSP. "Covered Population" refers to all persons eligible to receive SHSP insured services. Caution should be exercised in using these figures as population estimates. They may not agree with Statistics Canada Census figures.
** The years prior to 1965 include all persons provided with any coverage between January and August 31. The years since 1965 include all persons who were eligible at June 30.

Appendix C-2

Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1971, 1976, 1981

Year*	Group	Total	Type of Residence				
			Cities	Towns	Villages	Rural	Reservations
1971	Total	938,257	394,782	143,344	88,392	278,531	33,478
	Under 1	16,878	8,015	2,268	1,550	3,687	1,358
	1-4	66,662	28,946	9,187	6,256	16,908	5,365
	5-14	206,366	82,664	29,459	18,845	64,677	10,721
	15-24	170,043	74,384	23,247	14,950	51,158	6,304
	25-44	197,670	93,642	27,592	16,555	53,965	5,916
	45-64	186,739	70,652	28,956	17,884	66,599	2,648
	65+	94,169	36,479	22,635	12,352	21,537	1,166
1976	Total	949,463	426,585	155,445	84,571	243,113	39,749
	Under 1	16,061	7,341	2,295	1,628	3,462	1,335
	1-4	62,886	27,668	9,363	5,827	14,412	5,616
	5-14	178,091	74,394	25,808	15,229	50,049	12,611
	15-24	189,661	89,232	27,537	15,365	49,289	8,238
	25-44	211,564	106,202	30,341	16,847	50,726	7,448
	45-64	187,812	78,641	32,202	16,817	56,969	3,183
	65+	103,388	43,107	27,899	12,858	18,206	1,318
1981	Total	990,746	465,560	167,661	80,358	233,521	43,646
	Under 1	15,840	7,156	2,473	1,410	3,391	1,410
	1-4	66,659	29,567	10,652	5,809	15,126	5,505
	5-14	159,580	68,507	24,019	12,498	41,709	12,847
	15-24	193,959	95,303	28,424	14,247	45,751	10,234
	25-44	253,237	131,831	37,752	18,121	56,904	8,629
	45-64	184,748	82,511	31,958	14,752	51,960	3,567
	65+	116,723	50,685	32,383	13,521	18,680	1,454
Percentage Change: 1971-1981							
	Total	5.6	17.9	17.0	(9.1)	(16.2)	30.4
	Under 1	(6.2)	(10.7)	9.0	(9.0)	(8.0)	3.8
	1-4	0.0	2.1	16.0	(7.1)	(10.5)	2.6
	5-14	(22.7)	(17.1)	(18.5)	(33.7)	(35.5)	19.8
	15-24	14.1	28.1	22.3	(4.7)	(10.6)	62.3
	25-44	28.1	40.8	36.8	9.5	5.7	45.9
	45-64	(1.1)	16.8	10.4	(17.5)	(22.0)	34.7
	65+	24.0	38.9	43.1	9.5	(13.3)	24.7

( ) indicates a decrease
* includes all persons who were eligible at June 30

Appendix D
Payments for Saskatchewan Beneficiaries at all Locations

Appendix D-1
Saskatchewan Hospitalization Fund Payments for Years 1979-80 to 1981-82

Item	April 1/79 to Mar. 31/80	April 1/80 to Mar. 31/81	April 1/81 to Mar. 31/82
Total Payments	$269,045,859	$325,402,714	$348,157,272
Percent increase over Previous Year	10.97	20.94	6.99
Per Capita Cost*	$ 275.45	$ 331.28	$ 351.41
Total Hospital Payments	$266,078,996	$321,737,722	$344,287,100
Percent of Total Payments	98.90	98.87	98.89
Percent increase over Previous Year	9.82	20.92	7.01
Total Hospital Payments — Saskatchewan Residents	$266,078,996	$321,737,722	$343,810,889
Percent of Total Hospital Payments	98.90	98.87	98.86
Percent increase over Previous Year	9.82	20.92	6.86
Per Capita Cost*	$ 272.42	$ 327.55	$ 347.02
Total Inpatient Payments	$233,220,503	$282,919,745	$296,722,604
Percent of Total Hospital Payments — Saskatchewan Residents	86.68	87.93	86.30
Percent increase over Previous Year	7.46	21.31	4.88
Inpatient Payments — General Hospitals	$211,856,286	$258,209,045	$284,451,411
Percent of Total Hospital Payments — Saskatchewan Residents	78.74	80.25	82.73
Percent increase over Previous Year	7.47	21.88	3.57
Inpatient Payments — Rehabilitation and Extended Care Hospitals	$ 21,364,217	$ 24,710,700	$ 12,271,193
Percent of Total Hospital Payments — Saskatchewan Residents	7.94	7.68	3.57
Percent increase over Previous Year	7.38	15.66	(50.34)
Outpatient Payments†	$ 33,514,635	$ 39,571,048	$ 47,937,101
Percent of Total Hospital Payments — Saskatchewan Residents	12.46	12.30	13.94
Percent increase over Previous Year	29.62	18.07	21.14
Recoveries — Third Party Liability	$ 656,142	$ 753,071	$ 848,816
Percent of Total Hospital Payments — Saskatchewan Residents	.24	.23	.24
Percent increase over Previous Year	9.90	14.77	12.71
Total Hospital Payments — Reciprocal Billings for Non-Saskatchewan Residents	$ —	$ —	$ 476,211
Percent of Total Hospital Payments	—	—	.14
Percent increase over Previous Year	—	—	N/A
Total Administration Payments	$ 2,966,863	$ 3,664,992	$ 3,870,172
Percent of Total Payments	1.10	1.13	1.11
Percent increase over Previous Year	.63	23.53	5.60
Per Capita Cost*	3.03	3.73	3.91

* Based on total covered population as shown in Appendix C-1.
† Excludes Rehabilitation and Extended Care Hospitals except Wascana Hospital which provides outpatient services.

Appendix D-2
Separations, Patient Days, Average Days of Stay and Cost of Inpatient Care in General Hospitals for Adults and Children, and Newborns by Hospital Location for the Fiscal Years 1980-81 and 1981-82

	Total		Saskatchewan Institutions		Institutions in Other Provinces		Institutions in Other Countries	
	1980-81	1981-82	1980-81	1981-82	1980-81	1981-82	1980-81	1981-82
Adults and Children								
Separations	202,206	200,706	196,867	195,002	4,813	5,193	526	511
Patient Days for Separations	1,801,564	1,963,850	1,745,718	1,906,665	50,657	52,566	5,189	4,619
Average Days of Stay	8.9	9.8*	8.9	9.8*	10.5	10.1	9.9	9.0
Newborns								
Separations	16,968	17,677	16,614	17,223	348	440	6	14
Patient Days for Separations	91,852	97,107	89,902	94,711	1,936	2,354	14	42
Average Days of Stay	5.4	5.5	5.4	5.5	5.6	5.4	2.3	3.0
Total Payments by SHSP	$258,209,045	$284,451,411	$250,724,755	$275,723,445	$6,805,356	$7,934,899	$ 678,934	$ 793,067
Adults and Children	256,373,117	282,505,407	248,926,715	273,829,225	6,768,669	7,887,727	677,733	788,455
Newborns	1,835,928	1,946,004	1,798,040	1,894,220	36,687	47,172	1,201	4,612
Average Cost Per Patient Day								
Adults and Children	$ 142.31	$ 143.85	$ 142.59	$ 143.62	$ 133.62	$ 150.05	$ 130.61	$ 170.70
Newborns**	19.99	20.04	20.00	20.00	18.95	20.04	85.78	109.81
Average Cost Per Separation								
Adults and Children	$ 1,267.88	$ 1,407.56	$ 1,264.44	$ 1,404.24	$ 1,406.33	$ 1,518.92	$1,288.46	$1,542.96
Newborns	108.20	110.09	108.22	109.98	105.42	107.21	200.17	329.43

* The average length of stay for 1981-82 appears longer due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services. All extended care patients were discharged and re-admitted July 1, 1981. For further details regarding this transfer please see page 14.
** Effective April 1, 1979, the average cost per day for newborns in Saskatchewan is based on $20.00 per day as established in semi-monthly payments to hospitals. The average cost per day for newborns outside Saskatchewan is based on the actual rate paid per newborn as determined by an analysis of out-of-province accounts. Effective April 1, 1978, hospital services provided outside Canada to newborns may be made at the average daily charge for hospital services to a maximum equal to seventy-five percent of the average urban patient day payment in the fiscal year preceding the fiscal year in which the hospital services were provided.
The above appendix excludes services provided by rehabilitation and extended care hospitals.

Appendix D-3
Summary of Inpatient Separations* by Type of Responsibility April 1, 1981-March 31, 1982

	Separations		Patient Days	
	Adults & Children	Newborns	Adults & Children	Newborns
A. Responsibility of the Provincial Plan	202,702	17,677	2,975,147	97,107
1. Hospitalized in the province	196,998	17,223	2,917,962	94,711
I. General Hospitals —				
Total	195,002	17,223	1,906,665	94,711
Acute Care Units	191,007	17,223	1,557,939	94,711
Extended Care Units	468		274,319	
Psychiatric Units	3,389		70,585	
Other Units	138		3,822	
II. Rehabilitation and Extended Care Hospitals	1,996		1,011,297	
2. Hospitalized in other provinces	5,193	440	52,566	2,354
3. Hospitalized in other countries	511	14	4,619	42
B. Not the Responsibility of the Provincial Plan (excluding patients of mental and tuberculosis institutions)	6,702	265	96,514	1401
1. Workers' Compensation Board	1,494		10,351	
2. Department of Veterans Affairs	398		8,137	
3. Non-Canadian Residents	183	8	973	30
4. Other Provinces or Territories	3,908	257	23,223	1,371
5. Insured Residents not the Responsibility of Provincial Plan				
I. Designated Level 4	441		38,088	
II. Non-designated Level 4	219		14,246	
III. Other	59		1,496	
C. Total	209,404	17,942	3,071,661	98,508
D. Covered Population	990,746			

* Both separations and patient days are inflated in 1981-82 due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services. All extended care patients were discharged and re-admitted July 1, 1981.

Appendix D-4
Volume and Rate of General Hospital Inpatient Care for Selected Years for Saskatchewan Beneficiaries

		Adults and Children					Newborns		
Year	Covered Population	Separations	Separations per 1,000 Population	Patient Days	Patient Days Per 1,000 Population	Average Days Stay	Separations	Patient Days	Average Days Stay
1947*		121,951		1,221,453		10.0	20,415	187,092	9.2
1951*		154,848		1,715,232		11.1	19,729	169,062	8.6
1956*		168,147		1,744,592		10.4	22,352	165,597	7.4
1961	910,139	191,806	211	1,863,515	2,048	9.7	23,505	159,998	6.8
1966	951,434	203,917	214	1,939,202	2,038	9.5	19,105	124,907	6.5
1971	938,527	216,122	230	1,963,059	2,092	9.1	16,138	103,296	6.4
1975	931,921	199,555	214	1,785,895	1,916	8.9	14,762	87,791	5.9
1976	949,463	197,487	208	1,731,130	1,823	8.8	16,289	93,523	5.7
1977-78	961,526	204,694	213	1,788,890	1,860	8.7	16,870	95,011	5.6
1978-79	970,510	198,906	205	1,708,456	1,760	8.6	16,330	89,951	5.5
1979-80	976,734	200,801	205	1,739,935	1,781	8.7	16,459	92,918	5.6
1980-81	982,257	202,206	206	1,801,564	1,834	8.9	16,968	91,852	5.4
1981-82**	990,746	200,706	203	1,963,850	1,982	9.8	17,677	97,107	5.5

* Indian Separations, patient days and population are not available for these years.

** Both separations and patient days are inflated for 1981-82 due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services. All extended care patients were discharged and re-admitted July 1, 1981.

Appendix E
Acute Care Utilization by Saskatchewan Beneficiaries

Appendix E-1

Age and Sex Incidence of Acute Care Hospitalization in General Hospitals April 1, 1981-March 31, 1982

	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
Covered Population								
Both Sexes	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
Male	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
Female	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255
Separations*								
Both Sexes	196,711	5,373**	17,130	14,850	29,556	40,040	34,967	54,795
Male	84,852	3,130	9,842	7,952	7,909	10,812	17,293	27,914
Female	111,859	2,243	7,288	6,898	21,647	29,228	17,674	26,881
Separations Per 1,000 Covered*								
Both Sexes	199	339	257	93	152	158	189	469
Male	170	382	288	97	80	84	188	512
Female	227	294	224	88	228	235	191	432
Patient Days*								
Both Sexes	1,615,124	37,160**	94,083	61,713	135,255	206,962	299,230	780,721
Male	732,213	21,788	55,384	32,375	39,573	61,181	154,052	367,860
Female	882,911	15,372	38,699	29,338	95,682	145,781	145,178	412,861
Days Per 1,000 Covered*								
Both Sexes	1,630	2,346	1,411	387	697	817	1,620	6,689
Male	1,468	2,657	1,623	397	400	474	1,673	6,754
Female	1,794	2,012	1,190	376	1,008	1,174	1,567	6,632
Average Days of Stay*								
Both Sexes	8.2	6.9**	5.5	4.2	4.6	5.2	8.6	14.2
Male	8.6	7.0	5.6	4.1	5.0	5.7	8.9	13.2
Female	7.9	6.9	5.3	4.3	4.4	5.0	8.2	15.4

* Under 1 age group includes children born in 1981-82 who were re-admitted to hospital in 1981-82.
** Excludes newborn patients born in hospital or admitted with their mother for care.

Appendix E-2

Separations, Patient Days and Corresponding Rates by Residence

(For Provincial Plan Inpatients of General Hospitals, Including Out-of-Province Hospitalization)
April 1, 1981-March 31, 1982

Population Centre	Covered Population	Adults and Children			Newborns	
		Separations During Year	Patient Days	Average Days Stay	Separations During Year	Patient Days
Total	990,746	196,711	1,615,124	8.2	17,677	97,107
Incorporated cities, towns and villages with population:						
100,000 and over						
Regina	163,217	22,174	178,263	8.0	2,812	15,677
Saskatoon	154,261	17,499	155,983	8.9	2,634	14,589
30,000-99,999						
Moose Jaw	34,562	7,403	74,101	10.0	535	2,966
Prince Albert	32,100	5,097	54,237	10.6	612	3,326
10,000-29,999						
Yorkton	15,588	3,201	29,086	9.1	240	1,305
Swift Current	15,255	2,882	25,938	9.0	212	1,240
North Battleford	14,134	2,865	24,402	8.5	231	1,556
5,000-9,999						
Weyburn	9,540	2,010	19,680	9.8	153	840
Estevan	9,376	2,436	16,716	6.9	172	865
Melfort	6,192	1,310	13,045	10.0	93	479
Lloydminster	6,003	1,085	15,417	14.2	141	811
Melville	5,332	1,450	14,227	9.8	76	456
2,500-4,999	49,761	12,885	114,250	8.9	871	4,694
1,000-2,499	71,353	18,871	160,854	8.5	1,284	6,465
Under 1,000	126,905	34,764	295,780	8.5	2,238	12,575
Unincorporated places and rural areas	233,521	40,392	284,168	7.0	3,714	19,440
Indian Reservations	43,646	20,527	138,977	6.8	1,659	9,823

Rate Per 1,000 Population

Population Centre	Adults and Children		Newborns	
	Separations During Year	Patient Days	Separations During Year	Patient Days
Total	199	1,630	18	98
Incorporated cities, towns and villages with population:				
100,000 and over				
Regina	136	1,092	17	96
Saskatoon	113	1,011	17	95
30,000-99,999				
Moose Jaw	214	2,144	15	86
Prince Albert	159	1,690	19	104
10,000-29,999				
Yorkton	205	1,866	15	84
Swift Current	189	1,700	14	81
North Battleford	203	1,726	16	110
5,000-9,999				
Weyburn	211	2,063	16	88
Estevan	260	1,783	18	92
Melfort	212	2,107	15	77
Lloydminster	181	2,568	23	135
Melville	272	2,668	14	86
2,500-4,999	259	2,296	18	94
1,000-2,499	264	2,254	18	91
Under 1,000	273	2,331	18	99
Unincorporated places and rural areas	173	1,217	16	83
Indian Reservations	470	3,184	38	225

Appendix E-3

Inpatient Care† By Diagnosis (Canadian List**)
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
001-139	**I. Infectious and Parasitic Diseases**	2,432	2.5	19,734	20	8.1
002	1. Typhoid and paratyphoid fevers	1	*	16	*	16.0
003, 005	2. Salmonella infections and other food poisoning (bacterial)	85	0.1	538	1	6.3
001, 004, 006-009	3. Other intestinal infections	620	0.6	4,048	4	6.5
010-018	4. Tuberculosis	141	0.1	3,956	4	28.1
034-035	5. Streptococcal sore throat, scarlatina and erysipelas	69	0.1	325	*	4.7
020-033, 036-041	6. All other bacterial diseases	229	0.2	2,225	2	9.7
045	7. Acute poliomyelitis	2	*	22	*	11.0
062-064	8. Arthropod-borne encephalitis	2	*	112	*	56.0
070	9. Viral hepatitis	51	0.1	373	*	7.3
046-061, 065-066, 071-088	10. Other viral diseases and arthropod-borne diseases	994	1.0	6,090	6	6.1
090-099	11. Syphilis and other venereal diseases	37	*	468	*	12.6
137	12. Late effects of tuberculosis	2	*	12	*	6.0
138	13. Late effects of acute poliomyelitis	1	*	11	*	11.0
100-136, 139	14. All other infectious and parasitic diseases and late effects of other infectious and parasitic diseases	198	0.2	1,538	2	7.8
140-239	**II. Neoplasms**	9,721	9.8	147,476	149	15.2
140-149	15. Malignant neoplasms of lip, oral cavity, and pharynx	161	0.2	2,183	2	13.6
150	16. Malignant neoplasms of esophagus	48	*	879	1	18.3
151	17. Malignant neoplasms of stomach	200	0.2	4,024	4	20.1
152	18. Malignant neoplasms of small intestine, including duodenum	21	*	454	*	21.6
153	19. Malignant neoplasms of colon	497	0.5	10,525	11	21.2
154	20. Malignant neoplasms of rectum, rectosigmoid junction and anus	289	0.3	6,817	7	23.6
155, 156	21. Malignant neoplasms of liver, gallbaldder and bile ducts	124	0.1	2,963	3	23.9
157	22. Malignant neoplasms of pancreas	197	0.2	3,866	4	19.6
158, 159	23. Malignant neoplasms of other digestive organs and peritoneum	70	0.1	1,234	1	17.6
162	24. Malignant neoplasms of trachea, bronchus and lung	811	0.8	15,824	16	19.5
160, 161, 163-165	25. Malignant neoplasms of other respiratory and intrathoracic organs	110	0.1	2,173	2	19.8
170, 171	26. Malignant neoplasms of bone, connective and other soft tissue	121	0.1	2,233	2	18.5
172, 173	27. Malignant neoplasms of skin	249	0.3	2,112	2	8.5
174, 175	28. Malignant neoplasms of breast	693	0.7	11,925	12	17.2
180	29. Malignant neoplasms of cervix uteri	88	0.1	1,128	1	12.8
179, 181, 182	30. Malignant neoplasms of other parts of uterus	191	0.2	2,280	2	11.9
183	31. Malignant neoplasms of ovary and other uterine adnexa	179	0.2	2,360	2	13.2
184	32. Malignant neoplasms of other and unspecified female genital organs	26	*	419	*	16.1
185	33. Malignant neoplasms of prostate	923	0.9	16,201	16	17.6
186	34. Malignant neoplasms of testis	39	*	286	*	7.3
187	35. Malignant neoplasms of penis and other male genital organs	9	*	172	*	19.1
188	36. Malignant neoplasms of bladder	477	0.5	5,103	5	10.7
189	37. Malignant neoplasms of kidney and other and unspecified urinary organs	140	0.1	2,589	3	18.5
191	38. Malignant neoplasms of brain	115	0.1	4,088	4	35.5

Appendix E-3 — (Continued)

Inpatient Care† By Diagnosis (Canadian List)**
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
190, 192-199	39. Malignant neoplasms of all other and unspecified sites	892	0.9	17,128	17	19.2
204-208	40. Leukemia	329	0.3	3,988	4	12.1
200-203	41. Malignant neoplasms of other lymphatic and hematopoietic tissues	454	0.5	6,502	7	14.3
218-221	42. Benign neoplasms of female genital organs	541	0.5	4,569	5	8.4
224-225	43. Benign neoplasms of eye, brain and other parts of nervous system	56	0.1	2,215	2	39.6
210-217, 222, 223, 226-229	44. Benign neoplasms of all other unspecified sites	1,008	1.0	5,188	5	5.1
233	45. Carcinoma of breast and genitourinary system	216	0.2	1,350	1	6.3
230-232, 234	46. Carcinoma of all other and unspecified sites	12	*	136	*	11.3
235-238	47. Neoplasms of uncertain behaviour	140	0.1	1,577	2	11.3
239	48. Neoplasms of unspecified nature	295	0.3	2,985	3	10.1
240-279	**III. Endrocrine, Nutritional and Metabolic Diseases and Immunity Disorders**	4,342	4.4	52,415	53	12.1
240-246	49. Disorders of thyroid gland	262	0.3	2,499	3	9.5
250	50. Diabetes mellitus	3,066	3.1	39,928	40	13.0
251-259	51. Disorders of other endocrine glands	289	0.3	2,691	3	9.3
270-279	52. All other endocrine and metabolic diseases and immunity disorders	683	0.7	6,170	6	9.0
260-269	53. Nutritional deficiencies	42	*	1,127	1	26.8
280-289	**IV. Diseases of Blood and Blood-Forming Organs**	1,488	1.5	12,705	13	8.5
280-285	54. Anemias	899	0.9	9,500	10	10.6
287	55. Purpura and other hemorrhagic conditions	130	0.1	1,120	1	8.6
286, 288, 289	56. All other diseases of blood and blood-forming organs	459	0.5	2,085	2	4.5
290-319	**V. Mental Disorders**	5,154	5.2	67,358	68	13.1
290	57. Senile and presenile organic psychotic conditions	264	0.3	16,411	17	62.2
291	58. Alcoholic psychoses	268	0.3	1,626	2	6.1
295	59. Schizophrenic psychoses	251	0.3	3,896	4	15.5
296	60. Affective psychoses	559	0.6	6,994	7	12.5
292-294, 297-299	61. Other psychoses	279	0.3	4,788	5	17.2
300, 301	62. Neurotic and personality disorders	1,419	1.4	9,360	9	6.6
303	63. Alcohol dependence syndrome	570	0.6	5,345	5	9.4
304	64. Drug dependence	28	*	241	*	8.6
317-319	65. Mental retardation	50	0.1	4,981	5	99.6
302, 305-316	66. Other mental disorders	1,466	1.5	13,716	14	9.4
320-389	**VI. Diseases of the Nervous System and Sense Organs**	8,833	8.9	73,056	74	8.3
320-326	67. Meningitis and other inflammatory diseases of CNS	161	0.2	2,262	2	14.0
332	68. Parkinson's disease	246	0.2	8,165	8	33.2
330, 331, 333-337	69. Other hereditary and degenerative diseases of the central nervous system	208	0.2	7,240	7	34.8
340	70. Multiple sclerosis	233	0.2	5,002	5	21.5
345	71. Epilepsy	596	0.6	3,549	4	6.0
341-344, 346-359	72. Other diseases of the nervous system	1,582	1.6	21,947	22	13.9
365	73. Glaucoma	161	0.2	802	1	5.0
366	74. Cataract	1,401	1.4	7,128	7	5.1
378	75. Strabismus	412	0.4	1,169	1	2.8

Appendix E-3 — (Continued)

Inpatient Care† By Diagnosis (Canadian List)**
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
360-364, 367-377, 379	76. Other disorders of the eye and adnexa	877	0.9	4,629	5	5.3
381, 382	77. Otitis media	2,213	2.2	7,947	8	3.6
383	78. Mastoiditis	31	*	153	*	4.9
380, 384-389	79. Other diseases of ear and mastoid process	712	0.7	3,063	3	4.3
390-459	**VII. Diseases of the Circulatory System**	21,186	21.4	283,323	286	13.4
390, 392	80. Acute rheumatic heart disease	23	*	215	*	9.3
393-398	81. Chronic rheumatic heart disease	202	0.2	2,059	2	10.2
401-405	82. Hypertensive disease	1,724	1.7	15,421	16	8.9
410	83. Acute myocardial infarction	2,185	2.2	30,443	31	13.9
411-414	84. All other forms of ischemic heart disease	4,526	4.6	38,821	39	8.6
415-417	85. Diseases of pulmonary circulation	311	0.3	4,958	5	15.9
420-429	86. Other forms of heart disease	5,474	5.5	62,157	63	11.4
430-432	87. Intracerebral and intracranial hemorrhage	220	0.2	4,556	5	20.7
433, 434	88. Cerebral embolism and thrombosis	325	0.3	6,008	6	18.5
435-438	89. Other and late effects of cerebrovascular diseases	2,622	2.6	77,256	78	29.5
440	90. Atherosclerosis	205	0.2	4,787	5	23.4
441-448	91. All other diseases of arteries, arterioles and capillaries	906	0.9	11,300	11	12.5
451-453	92. Phlebitis, thrombophlebitis and venous embolism and thrombosis	817	0.8	9,091	9	11.1
454	93. Varicose veins of lower extremities	675	0.7	8,837	9	13.1
455	94. Hemorrhoids	702	0.7	4,721	5	6.7
456-459	95. Other diseases of circulatory system	269	0.3	2,693	3	10.0
460-519	**VIII. Diseases of the Respiratory System**	26,833	27.1	170,314	172	6.3
460-465	96. Acute upper respiratory infections	4,817	4.9	19,655	20	4.1
470	97. Deflected nasal septum	815	0.8	2,566	3	3.1
473	98. Chronic sinusitis	258	0.3	1,055	1	4.1
474	99. Chronic diseases of tonsils and adenoids	3,580	3.6	7,982	8	2.2
471, 472, 475-478	100. Other diseases of upper respiratory tract	533	0.5	1,953	2	3.7
480-483, 485, 486	101. Pneumonia	5,022	5.1	46,703	47	9.3
487	102. Influenza	1,185	1.2	5,681	6	4.8
490-492	103. Bronchitis and emphysema	3,181	3.2	24,709	25	7.8
493	104. Asthma	2,711	2.7	15,405	16	5.7
494-496	105. Other COPD and allied conditions	1,261	1.3	17,215	17	13.7
500-508	106. Pneumoconioses and allied conditions	57	0.1	595	1	10.4
510-513	107. Empyema and abscess on lung and mediastinum	24	*	454	*	18.9
466, 511, 512, 514-519	108. All other diseases of respiratory system	3,389	3.4	26,341	27	7.8
520-579	**IX. Diseases of the Digestive System**	26,122	26.4	186,061	188	7.1
520-525	109. Disorders of teeth and supporting structures	948	1.0	2,083	2	2.2
526-529	110. Diseases of jaws, salivary glands and other diseases of oral cavity	364	0.4	2,249	2	6.2
532	111. Ulcer of duodenum	667	0.7	7,268	7	10.9
531, 533	112. Ulcer of stomach and peptic ulcer, site unspecified	729	0.7	6,448	7	8.8
535	113. Gastritis and duodenitis	1,873	1.9	9,798	10	5.2
530, 534, 536, 537	114. Other diseases of esophagus, stomach and duodenum	756	0.8	5,591	6	7.4
540-543	115. Appendicitis	1,792	1.8	10,019	10	5.6
550	116. Inguinal hernia	2,082	2.1	12,045	12	5.8
551, 552	117. Other hernia of abdominal cavity with obstruction or gangrene	154	0.2	1,497	2	9.7

Appendix E-3 — (Continued)

Inpatient Care† By Diagnosis (Canadian List)**
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
553	118. Other hernia of abdominal cavity without obstruction or gangrene	987	1.0	7,596	8	7.7
560	119. Intestinal obstruction without mention of hernia	1,020	1.0	8,787	9	8.6
555-558	120. Non-infective enteritis and colitis	6,576	6.6	38,267	39	5.8
562, 565-569	121. Other diseases of intestine and peritoneum	2,600	2.6	21,396	22	8.2
571	122. Chronic liver diseases and cirrhosis	343	0.3	5,481	6	16.0
570, 572, 573	123. Other diseases of liver	165	0.2	1,998	2	12.1
574	124. Cholelithiasis	2,577	2.6	24,551	25	9.5
575	125. Other diseases of gallbladder	1,013	1.0	7,050	7	7.0
576	126. Other diseases of biliary tract	190	0.2	2,174	2	11.4
577	127. Diseases of pancreas	578	0.6	5,643	6	9.8
578-579	128. Other diseases of digestive system	708	0.7	6,100	6	8.6
580-629	**X. Diseases of the Genitourinary System**	14,893	15.0	99,057	100	6.7
580-583	129. Nephritis, nephrotic syndrome and nephrosis	130	0.1	1,457	1	11.2
590	130. Infections of kidney	838	0.8	5,035	5	6.0
592, 594	131. Urinary calculus	690	0.7	4,879	5	7.1
584-589, 591, 593, 595-599	132. All other diseases of urinary system	3,245	3.3	27,391	28	8.4
600	133. Hyperplasia of prostate	1,581	1.6	16,295	16	10.3
605	134. Redundant prepuce and phimosis	305	0.3	838	1	2.7
601-604, 606-608	135. Other diseases of male genital organs	697	0.7	6,026	6	8.6
610, 611	136. Disorders of breast	833	0.8	2,974	3	3.6
614	137. Inflammatory diseases of ovary, fallopian tube, and pelvic peritoneum	893	0.9	4,670	5	5.2
615, 616	138. Inflammatory diseases of cervix uteri, uterus and vulva	348	0.4	1,658	2	4.8
618	139. Genital prolapse	906	0.9	9,268	9	10.2
626	140. Disorders of menstruation	1,824	1.8	5,364	5	2.9
617, 619-625, 627-629	141. Other diseases of female genital organs	2,603	2.6	13,202	13	5.1
630-676	**XI. Complications of Pregnancy, Childbirth and the Puerperium**	25,791	26.0	120,574	122	4.7
634	142. Spontaneous abortion	575	0.6	1,340	1	2.3
635	143. Legally induced abortion	305	0.3	637	1	2.1
636-638	144. Other abortion	1,006	1.0	2,372	2	2.4
630-633, 639	145. Other pregnancy with abortive outcome	326	0.3	1,392	1	4.3
650	146. Normal delivery	10,075	10.2	48,314	49	4.8
640, 641	147. Hemorrhage of pregnancy	1,283	1.3	5,184	5	4.0
642-648	148. Other complications related to pregnancy	5,026	5.1	19,910	20	4.0
651-659	149. Indication for care in pregnancy, labour and delivery	2,727	2.8	17,687	18	6.5
660-669	150. Complications occurring in labour and delivery	4,342	4.4	22,949	23	5.3
670-676	151. Complications of the puerperium	126	0.1	789	1	6.3
680-709	**XII. Diseases of the Skin and Subcutaneous Tissue**	2,780	2.8	23,383	24	8.4
680-686	152. Infections of skin and subcutaneous tissue	1,158	1.2	8,134	8	7.0
690-709	153. All other diseses of skin and subcutaneous tissue	1,622	1.6	15,249	15	9.4
710-739	**XIII. Diseases of the Musculoskeletal System and Connective Tissue**	9,049	9.1	87,320	88	9.6
714	154. Rheumatoid arthritis and other inflammatory polyarthropathies	471	0.5	10,685	11	22.7
710-712, 715-719	155. Other arthropathies and related disorders	2,772	2.8	29,581	30	10.7
722	156. Intervertebral disc disorders	1,131	1.1	10,125	10	9.0

Appendix E-3 — (Continued)

Inpatient Care† By Diagnosis (Canadian List)**
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
720, 721, 723, 724	157. Other dorsopathies	1,824	1.8	14,506	15	8.0
725-729	158. Rheumatism, excluding the back	1,534	1.5	7,761	8	5.1
730	159. Osteomyelitis, periostitis, and other infections involving bones	164	0.2	3,268	3	19.9
731-739	160. Other diseases of musculoskeletal system and connective tissue	1,153	1.2	11,394	12	9.9
740-759	**XIV. Congenital Anomalies**	1,602	1.6	15,886	16	9.9
741	161. Spina bifida	32	*	679	1	21.2
740, 742	162. All other congenital anomalies of nervous system	48	*	1,488	2	31.0
745-747	163. Congenital anomalies of heart and circulatory system	253	0.3	3,009	3	11.9
749	164. Cleft palate and cleft lip	80	0.1	488	*	6.1
750, 751	165. Other congenital anomalies of digestive system	160	0.2	1,723	2	10.8
752, 753	166. Congenital anomalies of genito-urinary system	305	0.3	1,728	2	5.7
754-756	167. Congenital anomalies of musculoskeletal system	411	0.4	3,616	4	8.8
743, 744, 748, 757-759	168. Other congenital anomalies	313	0.3	3,155	3	10.1
760-779	**XV. Certain Conditions Originating in the Perinatal Period**	4,009	4.0	34,066	34	8.5
764-765	169. Slow fetal growth, fetal malnutrition and immaturity	755	0.8	11,851	12	15.7
767	170. Birth trauma	130	0.1	734	1	5.6
768-770	171. Intrauterine hypoxia, birth asphyxia and other respiratory conditions	629	0.6	5,302	5	8.4
773	172. Hemolytic disease of fetus or newborn	85	0.1	520	1	6.1
760-763, 766, 771, 772, 774-779	173. Other conditions originating in the perinatal period	2,416	2.4	15,659	16	6.5
780-799	**XVI. Symptoms, Signs, and Ill-defined Conditions**	12,208	12.3	70,936	72	5.8
797	174. Senility without mention of psychosis	162	0.2	13,920	14	85.9
780-796, 798, 799	175. Symptoms, signs and other ill-defined conditions	12,046	12.2	57,016	58	4.7
800-999	**XVII. Injury and Poisoning (Nature)**	18,908	19.1	144,343	146	7.6
800-804, 850-854	176. Fractures of the skull and intracranial injury	2,640	2.7	11,953	12	4.5
805-809	177. Fractures of spine and trunk	944	1.0	15,118	15	16.0
810-819	178. Fractures of upper limb	1,838	1.9	9,781	10	5.3
820, 821	179. Fractures of femur	1,268	1.3	30,447	31	24.0
822-829	180. Other fractures of lower limb	1,482	1.5	14,309	14	9.7
830-848	181. Dislocations, sprains and strains	1,380	1.4	6,354	6	4.6
860-869	182. Internal injury of chest, abdomen and pelvis	353	0.4	3,735	4	10.6
870-904	183. Open wounds and injury to blood vessels	1,699	1.7	8,123	8	4.8
930-939	184. Effects of foreign body entering through orifice	278	0.3	721	1	2.6
940-949	185. Burns	535	0.5	6,350	6	11.9
950-957	186. Injury to nerves and spinal cord	103	0.1	782	1	7.6
960-979	187. Adverse effect of medical agents	1,538	1.6	5,071	5	3.3
980-989	188. Toxic effect of substances chiefly non-medicinal	418	0.4	1,043	1	2.5
996-999	189. Complications of medical and surgical care	1,231	1.2	13,116	13	10.7
910-929, 958, 959, 990-995	190. Other injuries, early complications of trauma	2,993	3.0	14,298	14	4.8
905-909	191. Late effects of injuries, poisonings, toxic effects and other external causes	208	0.2	3,142	3	15.1

Appendix E-3 — (Continued)

Inpatient Care† By Diagnosis (Canadian List)**
(Including out-of-province hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
V01-V82	**Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services**	18,907	19.1	102,634	104	5.4
V20-V28	208. Contact with health services related to reproduction and development	1,440	1.5	4,501	5	3.1
V30-V39	209. Healthy liveborn infants	14,009	14.1	66,203	67	4.7
V50-V59	210. Contact with health services for specific procedures and aftercare	1,940	2.0	15,969	16	8.2
V01-V19, V40-V49, V60-V82	211. Other reasons for contact with health services	1,518	1.5	15,961	16	10.5
	No Diagnosis††	130	0.1	1,590	2	12.2
Grand Total		214,388	216.4	1,712,231	1,728	8.0

* Less than 1 per 1,000 for patient days and less than 0.1 per 1,000 for separations
† Including Newborn Care
** A Canadian list of 211 diagnoses selected as a basis for study by provincial hospital insurance programs.
†† Diagnosis without a code for outside-of-Canada

Appendix E-4

Inpatient Care by Diagnostic Chapter, Age and Sex (Including Out-of-Province Hospitalization)

April 1, 1981-March 31, 1982

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
001-139	**I. Infectious and Parasitic Diseases**								
	Separations								
	Both Sexes	2,432	226	617	388	389	278	216	318
	Male	1,223	130	316	209	170	140	110	148
	Female	1,209	96	301	179	219	138	106	170
	Patient Days								
	Both Sexes	19,734	1,763	4,363	2,256	2,053	2,091	2,859	4,349
	Male	10,369	1,095	2,426	1,137	843	1,241	1,374	2,253
	Female	9,365	668	1,937	1,119	1,210	850	1,485	2,096
140-239	**II. Neoplasms**								
	Separations								
	Both Sexes	9,721	21	59	148	283	1,163	3,030	5,017
	Male	4,882	9	35	83	123	306	1,267	3,059
	Female	4,839	12	24	65	160	857	1,763	1,958
	Patient Days								
	Both Sexes	147,476	834	537	991	2,204	9,762	41,223	91,925
	Male	77,478	64	375	592	946	3,341	18,410	53,750
	Female	69,998	770	162	399	1,258	6,421	22,813	38,175
240-279	**III. Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders**								
	Separations								
	Both Sexes	4,342	32	89	124	230	519	1,130	2,218
	Male	1,924	16	39	66	97	217	521	968
	Female	2,418	16	50	58	133	302	609	1,250
	Patient Days								
	Both Sexes	52,415	406	857	845	1,824	3,987	11,847	32,649
	Male	22,422	237	337	438	868	1,684	6,018	12,840
	Female	29,993	169	520	407	956	2,303	5,829	19,809
280-289	**IV. Diseases of Blood and Blood-Forming Organs**								
	Separations								
	Both Sexes	1,488	13	127	273	139	112	209	615
	Male	684	8	79	131	62	32	79	293
	Female	804	5	48	142	77	80	130	322
	Patient Days								
	Both Sexes	12,705	86	794	865	651	749	1,724	7,836
	Male	5,591	55	461	372	279	314	722	3,388
	Female	7,114	31	333	493	372	435	1,002	4,448
290-319	**V. Mental Disorders**								
	Separations								
	Both Sexes	5,154	2	19	117	464	1,401	1,558	1,593
	Male	2,356	2	13	49	212	695	738	647
	Female	2,798	0	6	68	252	706	820	946
	Patient Days								
	Both Sexes	67,358	6	323	2,207	5,342	9,218	14,819	35,443
	Male	29,372	6	284	497	2,197	4,334	6,343	15,711
	Female	37,986	0	39	1,710	3,145	4,884	8,476	19,732
320-389	**VI. Diseases of the Nervous System and Sense Organs**								
	Separations								
	Both Sexes	8,833	205	1,388	1,233	634	1,136	1,614	2,623
	Male	4,359	115	806	686	313	455	781	1,203
	Female	4,474	90	582	547	321	681	833	1,420
	Patient Days								
	Both Sexes	73,056	1,586	7,480	6,563	3,107	6,843	11,576	35,901
	Male	35,157	913	4,686	3,342	1,257	2,518	5,952	16,489
	Female	37,899	673	2,794	3,221	1,850	4,325	5,624	19,412

Appendix E-4 — (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex (Including Out-of-Province Hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
390-459	**VII. Diseases of the Circulatory System**								
	Separations								
	Both Sexes	21,186	21	39	65	230	1,410	5,882	13,539
	Male	11,458	6	28	42	105	753	3,536	6,988
	Female	9,728	15	11	23	125	657	2,346	6,551
	Patient Days								
	Both Sexes	283,323	256	503	838	1,819	9,322	53,811	216,774
	Male	141,035	89	439	621	965	5,343	33,187	100,391
	Female	142,288	167	64	217	854	3,979	20,624	116,383
460-519	**VIII. Diseases of the Respiratory System**								
	Separations								
	Both Sexes	26,833	1,641	7,577	4,981	2,154	2,033	2,778	5,669
	Male	14,783	979	4,431	2,557	958	998	1,455	3,405
	Female	12,050	662	3,146	2,424	1,196	1,035	1,323	2,264
	Patient Days								
	Both Sexes	170,314	11,353	41,153	15,547	7,302	8,837	21,301	64,821
	Male	97,512	7,004	24,518	7,849	3,414	4,179	10,867	39,681
	Female	72,802	4,349	16,635	7,698	3,888	4,658	10,434	25,140
520-579	**IX. Diseases of the Digestive System**								
	Separations								
	Both Sexes	26,122	1,331	3,116	1,789	2,743	4,344	5,705	7,094
	Male	13,218	791	1,773	1,022	1,196	1,944	2,985	3,507
	Female	12,904	540	1,343	767	1,547	2,400	2,720	3,587
	Patient Days								
	Both Sexes	186,061	8,177	16,099	6,643	12,336	23,935	45,640	73,231
	Male	92,374	4,960	9,149	3,682	5,431	10,658	24,522	33,972
	Female	93,687	3,217	6,950	2,961	6,905	13,277	21,118	39,259
580-629	**X. Diseases of the Genitourinary System**								
	Separations								
	Both Sexes	14,893	130	403	622	1,982	4,051	3,795	3,910
	Male	4,937	100	234	226	242	486	1,174	2,475
	Female	9,956	30	169	396	1,740	3,565	2,621	1,435
	Patient Days								
	Both Sexes	99,057	543	1,694	2,867	7,610	19,411	25,229	41,703
	Male	43,162	392	852	984	1,190	2,847	9,272	27,625
	Female	55,895	151	842	1,883	6,420	16,564	15,957	14,078
630-676	**XI. Complications of Pregnancy, Childbirth and the Puerperium**								
	Separations								
	Both Sexes	25,791	0	0	31	12,031	13,710	19	0
	Male	0	0	0	0	0	0	0	0
	Female	25,791	0	0	31	12,031	13,710	19	0
	Patient Days								
	Both Sexes	120,574	0	0	166	54,308	66,001	99	0
	Male	0	0	0	0	0	0	0	0
	Female	120,574	0	0	166	54,308	66,001	99	0
680-709	**XII. Diseases of the Skin and Subcutaneous Tissue**								
	Separations								
	Both Sexes	2,780	145	385	309	481	437	411	612
	Male	1,375	84	200	162	224	244	208	253
	Female	1,405	61	185	147	257	193	203	359
	Patient Days								
	Both Sexes	23,383	1,014	2,908	1,770	2,490	2,966	3,764	8,471
	Male	10,885	539	1,433	857	1,130	1,606	2,109	3,211
	Female	12,498	475	1,475	913	1,360	1,360	1,655	5,260

Appendix E-4 — (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex
(Including Out-of-Province Hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
710-739	**XIII. Diseases of the Musculoskeletal System and Connective Tissue**								
	Separations								
	Both Sexes	9,049	6	100	319	1,023	1,967	2,611	3,023
	Male	4,217	4	59	165	546	1,101	1,225	1,117
	Female	4,832	2	41	154	477	866	1,386	1,906
	Patient Days								
	Both Sexes	87,320	71	732	2,041	4,805	10,878	22,771	46,022
	Male	34,609	45	510	1,071	2,423	5,826	10,559	14,175
	Female	52,711	26	222	970	2,382	5,052	12,212	31,847
740-759	**XIV. Congenital Anomalies**								
	Separations								
	Both Sexes	1,602	453	374	331	162	144	91	47
	Male	896	235	230	211	92	60	52	16
	Female	706	218	144	120	70	84	39	31
	Patient Days								
	Both Sexes	15,886	4,866	4,359	2,054	1,533	1,084	1,614	376
	Male	9,100	2,474	2,658	1,079	1,116	460	1,221	92
	Female	6,786	2,392	1,701	975	417	624	393	284
760-779	**XV. Certain Conditions Originating in the Perinatal Period**								
	Separations								
	Both Sexes	4,009	3,924	85	0	0	0	0	0
	Male	2,253	2,202	51	0	0	0	0	0
	Female	1,756	1,722	34	0	0	0	0	0
	Patient Days								
	Both Sexes	34,066	33,033	1,033	0	0	0	0	0
	Male	19,105	18,451	654	0	0	0	0	0
	Female	14,961	14,582	379	0	0	0	0	0
780-799	**XVI. Symptoms, Signs and Ill-Defined Conditions**								
	Separations								
	Both Sexes	12,208	540	1,184	1,387	1,469	1,915	2,319	3,394
	Male	5,919	301	634	669	506	805	1,255	1,749
	Female	6,289	239	550	718	963	1,110	1,064	1,645
	Patient Days								
	Both Sexes	70,936	2,610	4,815	4,045	4,201	6,864	10,990	37,411
	Male	31,462	1,531	2,653	1,874	1,347	2,803	5,975	15,279
	Female	39,474	1,079	2,162	2,171	2,854	4,061	5,015	22,132
800-999	**XVII. Injury and Poisoning (Nature)**								
	Separations								
	Both Sexes	18,908	113	1,425	2,515	4,486	3,695	2,706	3,968
	Male	10,704	62	828	1,577	2,868	2,292	1,535	1,542
	Female	8,204	51	597	938	1,618	1,403	1,171	2,426
	Patient Days								
	Both Sexes	144,343	608	6,035	11,255	21,169	18,967	23,564	62,745
	Male	75,106	349	3,730	7,532	15,275	12,670	14,102	21,448
	Female	69,237	259	2,305	3,723	5,894	6,297	9,462	41,297
V01-V82	**Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services**								
	Separations								
	Both Sexes	18,907	14,244	141	216	640	1,694	847	1,125
	Male	8,696	7,200	84	96	184	265	343	525
	Female	10,211	7,044	57	120	456	1,429	504	601
	Patient Days								
	Both Sexes	102,634	67,044	396	758	2,376	5,585	5,631	20,844
	Male	47,238	34,474	217	447	814	1,007	2,845	7,434
	Female	55,396	32,570	179	311	1,562	4,578	2,786	13,410

Appendix E-4 — (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex
(Including Out-of-Province Hospitalization)
April 1, 1981-March 31, 1982

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
	No Diagnosis								
	Separations								
	Both Sexes	130	3	2	2	16	31	46	30
	Male	85	3	2	1	11	19	29	20
	Female	45	0	0	1	5	12	17	10
	Patient Days								
	Both Sexes	1,590	11	2	2	125	462	768	220
	Male	1,137	11	2	1	78	350	574	121
	Female	453	0	0	1	47	112	194	99
Grand Total									
	Separations								
	Both Sexes	214,388	23,050	17,130	14,850	29,556	40,040	34,967	54,795
	Male	93,969	12,247	9,842	7,952	7,909	10,812	17,293	27,914
	Female	120,419	10,803	7,288	6,898	21,647	29,228	17,674	26,881
	Patient Days								
	Both Sexes	1,712,231	134,267	94,083	61,713	135,255	206,962	299,230	780,721
	Male	783,114	72,689	55,384	32,375	39,573	61,181	154,052	367,860
	Female	929,117	61,578	38,699	29,338	95,682	145,781	145,178	412,861

Appendix E-5
Separations, Days and Average Days of Stay For Sixty-Eight Selected Operations for Saskatchewan Beneficiaries*
(Including Out-of-Province Hospitalization)
April 1, 1981 — March 31, 1982

I.C.D. 9 Code(s)	Operation	Number of Procedures	Number of Days	Average Days of Stay
01-13	Certain Diagnostic and Therapeutic Procedures	6,416	67,486	10.5
01	Non-Operative Endoscopy	2,678	28,030	10.5
02	Diagnostic Radiology and Related Techniques	341	3,513	10.3
02.01, 02.21, 02.51, 02.75	Computerized Axial Tomography	25	185	7.4
02.8	Diagnostic Ultrasound	19	70	3.7
	Other diagnostic radiology and related techniques	297	3,258	11.0
08.3	Psychiatric Drug and Shock Therapy	83	2,848	34.3
12	Non-operative Removal of Foreign Body	234	637	2.7
	Other diagnostic and therapeutic procedures	3,036	32,203	10.6
14-18	Operations on the Nervous System	1,397	15,898	11.4
16.0	Exploration and Decomposition of Spinal Canal	64	1,804	28.2
	Other operations on the nervous system	1,333	14,094	10.6
19-20	Operations on the Endocrine System	350	3,311	9.5
19.1	Unilateral Thyroid Lobectomy	114	798	7.0
19.2	Other Partial Thyroidectomy	118	979	8.3
	Other operations on the endocrine system	118	1,534	13.0
21-29	Operations on the Eyes	2,641	12,904	4.9
27.4	Intracapsular Extraction on lens	1,109	6,064	5.5
	Other operations on the eyes	1,532	6,840	4.5
30-32	Operations on the Ears	1,241	3,851	3.1
31.4	Myringoplasty	295	1,019	3.5
32.0	Myringotomy	564	1,251	2.2
	Other operations on the ears	382	1,581	4.1
33-41	Operations on Nose, Mouth and Pharynx	7,400	21,796	2.9
33.4	Submucous Resection of Nasal System	131	449	3.4
35.0	Forceps Extraction of Tooth (multiple or single)	703	2,948	4.2
40.1	Tonsillectomy without Adenoidectomy	1,211	3,116	2.6
40.2	Tonsillectomy with Adenoidectomy	2,689	5,803	2.2
40.5	Adenoidectomy without Tonsillectomy	550	1,157	2.1
	Other operations on the nose, mouth and pharynx	2,116	8,323	3.9
42-46	Operations on the Respiratory System	704	13,670	19.4
47-51	Operations on the Cardiovascular System	2,848	30,460	10.7
49.95, 49.96, 49.97	Cardiac Catheterization, All procedures	696	2,990	4.3
50.4	Ligation and Stripping of Varicose Veins	424	2,898	6.8
	Other operations on the Cardiovascular System	1,728	24,572	14.2
52-53	Operations on the Hemic and Lymphatic Systems	516	6,932	13.4
54-66	Operations on the Digestive System and Abdominal Region	11,388	118,420	10.4
55.5, 55.6, 55.7, 55.8	Partial Gastrectomy, All Procedures	125	2,723	21.8
56.1	Pyloroplasty	126	2,015	16.0
57.5	Partial Excision of Large Intestine	412	9,722	23.6
58.1	Colostomy	72	2,194	30.5
59.0	Appendectomy	1,574	9,846	6.3
61.3	Procedures on Hemorrhoids	602	4,430	7.4
63.1	Cholecystectomy	2,139	25,614	12.0
65.0, 65.1, 65.2, 65.3	Repair of Inguinofemoral Hernia, All Procedures	2,108	13,185	6.3
65.4	Repair of Umbilical Hernia	228	1,132	5.0
65.5, 65.6	Repair of Other Hernia of Anterior Abdominal Wall	345	3,048	8.8
65.7	Repair of Diaphragmatic Hernia (Abdominal Approach)	76	974	12.8
	Other operations on the Digestive System and Abdominal Region	3,581	43,537	12.2
67-71	Operations on Urinary Tract	2,055	22,287	10.8

Appendix E-5
Separations, Days and Average Days of Stay For Sixty-Eight Selected Operations for Saskatchewan Beneficiaries*
(Including Out-of-Province Hospitalization)
April 1, 1981 — March 31, 1982

I.C.D. 9 Code(s)	Operation	Number of Procedures	Number of Days	Average Days of Stay
69.2	Transurethral Excision or Destruction of Lesion or Tissue of Bladder	443	3,652	8.2
70.5	Dilation of Urethra	374	2,731	7.3
	Other operations on Urinary Tract	1,238	15,904	12.9
72-76	Operations on the Male Genital Organs	2,850	28,198	9.9
72.1, 72.2, 72.3, 72.4, 72.5	Prostatectomy, All Procedures	1,679	22,061	13.1
75.6	Vasectomy and Ligation of Vas Deferens	76	116	1.5
76.0	Circumcision	332	954	2.9
	Other operations on the male genital organs	763	5,067	6.6
77-83	Operations on the Female Genital Organs	8,973	45,894	5.1
78.2	Total Bilateral Salpingectomy	70	318	4.5
78.3	Bilateral Endoscopic Destruction or Occlusion of Fallopian Tubes	133	377	2.8
78.4	Other bilateral Destruction or Occlusion of Fallopian Tubes	825	2,643	3.2
78.5	Other Salpingectomy	150	720	4.8
80.2, 80.3, 80.5	Abdominal Hysterectomy, All Procedures	1,316	13,051	9.9
80.4, 80.6	Vaginal Hysterectomy, All Procedures	413	4,364	10.6
81.01	Dilation and Curettage Following Delivery or Abortion	1,426	3,255	2.3
81.09	Other Dilation and Curettage	2,606	5,916	2.3
81.3	Repair of Uterine Supports	29	188	6.5
82.4	Repair of Cystocele and Rectocele	588	5,887	10.0
	Other operations on the female genital organs	1,417	9,175	6.5
84-87	Obstetrical Procedures	18,173	99,157	5.5
86.1	Cervical Cesarean Section	2,196	19,205	8.7
87.0	Intra-amniotic Injections for Termination of Pregnancy	37	83	2.2
87.1	Vacuum Aspiration for Termination of Pregnancy	207	418	2.0
87.2	Other termination of Pregnancy	135	308	2.3
	Other obstetrical procedures	15,598	79,143	5.1
88-96	Operations on the Musculoskeletal System	8,577	91,959	10.7
90.5	Internal Fixation of Bone (without Fracture Reduction)	492	10,426	21.2
91.0	Closed Reduction of Fracture (without Internal Fixation)	1,117	5,952	5.3
91.02	Carpals and Metacarpals	16	118	7.4
91.04	Femur	45	1,180	26.2
91.2, 91.3	Open Reduction of Fracture, All Procedures	990	13,418	13.6
91.22, 91.32	Carpals and Metacarpals	32	150	4.7
91.24, 91.34	Femur	289	7,404	25.6
91.7, 91.8	Reduction of Dislocation of Joint	298	1,410	4.7
91.70, 91.80	Shoulder	191	572	3.0
91.74, 91.84	Hip	26	534	20.5
92.31	Excision or Destruction of Intervertebral Disc	406	5,352	13.2
92.32	Excision of Semilunar Cartilage of Knee	545	2,078	3.8
93.4	Arthroplasty of Knee and Ankle	253	2,308	9.1
93.5	Total Hip Replacement	294	6,237	21.2
93.6	Other Arthroplasty of Hip	344	8,449	24.6
96.0	Amputation of Upper Limb	87	729	8.4
96.1	Amputation of Lower Limb	226	7,493	33.2
	Other operations on the musculoskeletal system	3,525	28,107	8.0
97	Operations on the Breast	1,475	8,938	6.1
97.12-97.19, 97.21-97.24, 97.28	Mastectomy, All Procedures	415	5,160	12.4
	Other operations on the breast	1,060	3,778	3.6

Appendix E-5
Separations, Days and Average Days of Stay For Sixty-Eight Selected Operations for Saskatchewan Beneficiaries*
(Including Out-of-Province Hospitalization)
April 1, 1981 — March 31, 1982

I.C.D. 9 Code(s)	Operation	Number of Procedures	Number of Days	Average Days of Stay
9b	Operations on Skin and Subcutaneous Tissue	2,345	22,906	9.8
98.2	Suture of Skin and Subcutaneous Tissue	445	2,696	6.1
	Other operations on the Skin and Subcutaneous Tissue	1,900	20,210	10.6
99	Procedures Not Elsewhere Classified	24	169	7.0
Grand Total		79,373	614,236	7.7

* Excluding newborns

Appendix E-6
Separations and Patient Days by Age, Sex and Length of Stay
(For Provincial Plan Inpatients of General Hospitals† and Including Out-of-Province Hospitalization)
April 1, 1981 — March 31, 1982

Length of Stay in Days	Newborn		Adults and Children					
			Total		Under 1		1 to 4	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Separations by Length of Stay								
Males								
Total	9,117	100.0	84,852	100.0	3,130	100.0	9,842	100.0
1-3	1,217	13.3	33,747	39.8	1,113	35.6	5,101	51.8
4-9	7,532	82.6	30,307	35.7	1,383	44.2	3,425	34.8
10-19	249	2.7	13,807	16.3	477	15.2	1,014	10.3
20-29	65	0.7	3,628	4.3	106	3.4	182	1.8
30-59	34	0.4	2,391	2.8	37	1.2	91	0.9
60-89	10	0.1	566	0.7	10	0.3	12	0.1
90+	10	0.1	406	0.5	4	0.1	17	0.2
Females								
Total	8,560	100.0	111,859	100.0	2,243	100.0	7,288	100.0
1-3	1,343	15.7	42,502	38.0	856	38.2	3,525	48.4
4-9	6,894	80.5	47,927	42.8	973	43.4	2,820	38.7
10-19	217	2.5	14,547	13.0	329	14.7	790	10.8
20-29	49	0.6	3,513	3.1	52	2.3	102	1.4
30-59	31	0.4	2,345	2.1	24	1.1	43	0.6
60-89	13	0.2	543	0.5	6	0.3	5	0.1
90+	13	0.2	482	0.4	3	0.1	3	0.0
Patient Days by Length of Stay								
Males								
Total	50,901	100.0	732,213	100.0	21,788	100.0	55,384	100.0
1-3	3,029	6.0	65,129	8.9	2,274	10.4	9,850	17.8
4-9	39,271	77.2	181,174	24.7	8,131	37.3	19,794	35.7
10-19	3,195	6.3	183,155	25.0	6,225	28.6	13,049	23.6
20-29	1,482	2.9	85,588	11.7	2,500	11.5	4,268	7.7
30-59	1,396	2.7	95,042	13.0	1,444	6.6	3,467	6.3
60-89	751	1.5	40,363	5.5	730	3.4	851	1.5
90+	1,777	3.5	81,762	11.2	484	2.2	4,105	7.4
Females								
Total	46,206	100.0	882,911	100.0	15,372	100.0	38,699	100.0
1-3	3,517	7.6	82,218	9.3	1,799	11.7	7,000	18.1
4-9	34,905	75.5	278,797	31.6	5,750	37.4	16,351	42.3
10-19	2,790	6.0	190,912	21.6	4,324	28.1	10,148	26.2
20-29	1,164	2.5	82,805	9.4	1,209	7.9	2,426	6.3
30-59	1,264	2.7	94,030	10.6	931	6.1	1,735	4.5
60-89	952	2.1	38,914	4.4	432	2.8	387	1.0
90+	1,614	3.5	115,235	13.1	927	6.0	652	1.7

† Excludes psychiatric and extended care units.

by Age in Years

5 to 14		15 to 24		25 to 44		45 to 64		65 +	
Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Separations by Length of Stay									
Males									
7,952	100.0	7,909	100.0	10,812	100.0	17,293	100.0	27,914	100.0
5,561	69.9	4,845	61.3	5,548	51.3	5,692	32.9	5,887	21.1
1,904	23.9	2,296	29.0	3,754	34.7	6,709	38.8	10,836	38.8
345	4.3	522	6.6	1,087	10.1	3,424	19.8	6,938	24.9
61	0.8	112	1.4	219	2.0	828	4.8	2,120	7.6
57	0.7	95	1.2	164	1.5	487	2.8	1,460	5.2
16	0.2	23	0.3	34	0.3	98	0.6	373	1.3
8	0.1	16	0.2	6	0.1	55	0.3	300	1.1
Females									
6,898	100.0	21,647	100.0	29,228	100.0	17,674	100.0	26,881	100.0
4,657	67.5	10,135	46.8	11,995	41.0	6,097	34.5	5,237	19.5
1,804	26.2	10,413	48.1	14,836	50.8	6,995	39.6	10,086	37.5
329	4.8	892	4.1	1,929	6.6	3,365	19.0	6,913	25.7
45	0.7	118	0.5	288	1.0	706	4.0	2,202	8.2
47	0.7	69	0.3	156	0.5	391	2.2	1,615	6.0
4	0.1	8	0.0	17	0.1	78	0.4	425	1.6
12	0.2	12	0.1	7	0.0	42	0.2	403	1.5
Patient Days by Length of Stay									
Males									
32,375	100.0	39,573	100.0	61,181	100.0	154,052	100.0	367,860	100.0
10,519	32.5	8,805	22.3	10,539	17.2	11,222	7.3	11,920	3.2
10,458	32.3	12,524	31.6	21,254	34.7	40,879	26.5	68,134	18.5
4,374	13.5	6,731	17.0	14,027	22.9	45,392	29.5	93,357	25.4
1,432	4.4	2,602	6.6	5,232	8.6	19,465	12.6	50,089	13.6
2,303	7.1	3,838	9.7	6,411	10.5	19,227	12.5	58,352	15.9
1,098	3.4	1,672	4.2	2,404	3.9	7,004	4.5	26,604	7.2
2,191	6.8	3,401	8.6	1,314	2.1	10,863	7.1	59,404	16.1
Females									
29,338	100.0	95,682	100.0	145,781	100.0	145,178	100.0	412,861	100.0
8,968	30.6	18,912	19.8	22,700	15.6	11,914	8.2	10,925	2.6
9,799	33.4	56,484	59.0	83,453	57.2	43,642	30.1	63,318	15.3
4,106	14.0	11,121	11.6	24,054	16.5	43,837	30.2	93,322	22.6
1,051	3.6	2,848	3.0	6,836	4.7	16,492	11.4	51,943	12.6
1,867	6.4	2,625	2.7	6,078	4.2	15,673	10.8	65,121	15.8
276	0.9	582	0.6	1,188	0.8	5,637	3.9	30,412	7.4
3,271	11.1	3,110	3.3	1,472	1.0	7,983	5.5	97,820	23.7

Appendix F
Interprovincial Comparisons and Selected Statistics For Saskatchewan Hospitals

Appendix F-1
Hospital Rated Beds in Canada and the Provinces by Type of Hospital and Number of Beds Per 1,000 Population, 1980-81
(Excluding Mental and Tuberculosis Hospitals)

Hospital Location	All Hospitals		Total Public		General		Rehabilitation, Extended Care		Pediatric		Other		Proprietary† Hospitals		Federal Hospitals	
	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*	No.	Beds Per 1,000*
Canada	164,775	6.9	160,441	6.7	122,462	5.1	32,620	1.4	2,718	0.1	2,641	0.1	1,674	0.1	2,660	0.1
Saskatchewan	**7,920**	**8.1**	**7,863**	**8.1**	**6,802**	**6.9**	**1,061**	**1.1**	–	–	–	–	–	–	**57**	**0.1**
British Columbia	18,774	7.1	18,767	7.1	15,444	5.9	3,092	1.2	82	**	149	0.1	7	**	–	–
Alberta	16,324	7.8	16,245	7.8	11,890	5.7	4,051	2.0	128	0.1	176	0.1	–	–	79	**
Manitoba	6,738	6.6	6,233	6.1	5,807	5.6	401	0.4	–	–	25	**	–	–	505	0.5
Ontario	49,509	5.8	48,422	5.7	41,017	4.8	6,085	0.7	999	0.1	341	**	555	0.1	512	0.1
Quebec	51,280	8.1	49,038	7.8	28,666	4.5	17,642	2.8	956	0.2	1,774	0.3	1,112	0.2	1,130	0.2
New Brunswick	4,237	6.0	4,237	6.0	4,217	6.0	20	**	–	–	–	–	–	–	–	–
Nova Scotia	5,559	6.5	5,447	6.4	4,946	5.8	52	0.1	323	0.4	126	0.2	–	–	112	0.1
Prince Edward Island	757	6.1	757	6.1	662	5.3	95	0.8	–	–	–	–	–	–	–	–
Newfoundland	3,315	5.7	3,315	5.7	2,914	5.0	121	0.2	230	0.4	50	0.1	–	–	–	–
Yukon	157	7.3	–	–	–	–	–	–	–	–	–	–	–	–	157	7.3
Northwest Territories	205	4.8	97	2.3	97	2.3	–	–	–	–	–	–	–	–	108	2.5

* Calculated by SHSP on the basis of Statistics Canada Postcensal estimate of population June 1, 1980
** Less than 0.05 per 1,000
† Type of Proprietary beds in Canada:

General	291
Rehabilitation, Extended Care	1,284
Other	99
Total	1,674

Source: Statistics Canada – 1980-81 Preliminary Annual Report: Rated Bed Capacity of Reporting Hospitals (except Saskatchewan)
– Saskatchewan – SHSP Statistics

Appendix F-2
Comparative Table of Selected Indices for General Hospitals* for Provinces and Canada (Ranked)
(for the year ended March 31, 1981)

Hospital Location	Separations Per 1,000 Population** Rank	Separations	Beds per 1,000 Population** Rank	Beds	Average Length of Stay per Separation Rank	Days	Cost per*** Patient Day Rank	Amount
Canada		141.0		5.1		10.1		$ 208.42
Saskatchewan	**1**	**209.7**	**1**	**6.9**	**8**	**8.2**	**9**	**167.75**
British Columbia	5	152.2	3	5.9	2	10.8	7	184.45
Alberta	3	170.5	5	5.7	9	7.5	3	224.05
Manitoba	7	149.0	6	5.6	6	9.5	4	206.26
Ontario	9	141.4	9	4.8	5	9.9	5	204.34
Quebec	10	109.6	10	4.5	1	11.8	1	235.86
New Brunswick	4	163.3	2	6.0	3	10.5	8	178.62
Nova Scotia	6	150.7	4	5.8	3	10.5	6	198.36
Prince Edward Island	2	205.1	7	5.3	10	6.9	10	151.22
Newfoundland	8	146.7	8	5.0	7	8.9	2	230.23

* Excluding northern outpost, rehabilitation and extended care and maternity hospitals.
** Calculated by SHSP on the basis of Statistics Canada postcensal estimate of population June 1, 1980.
*** Average cost of operating expenditure including building depreciation and interest.
Source: Statistics Canada – 1980-81 Preliminary Annual Report (Except Saskatchewan)
– Saskatchewan – SHSP Inpatient Statistics

Appendix F-3
Average Number of Full-Time Employees* in Saskatchewan General Hospitals and Paid Hours of Work Per Patient Day for Selected Years

Employee	1976	1980-81	Percent Increase over 1976	Average Annual Percent Increase (1976 to 1980-81)
Nursing Staff	5,434	6,104	12.3%	3.0%
Other Patient Care Staff	1,325	1,553	17.2%	4.1%
Educational Staff and Students	173	154	(11.0)	(2.9)
Administrative Personnel	981	1,134	15.6	3.7
Dietetic, Laundry, Linen and Housekeeping Staff	2,251	2,334	3.7	1.0
Plant and Other Staff	518	586	13.1	3.1
Total	10,682	11,865	11.1	2.7
Paid Hours of Work Per Patient Day	12.6	12.9	2.4	0.1

* Paid hours of work divided by an average of 2,050 hours per employee in 1976 and 1950 hours in 1980-81 provides the average number of full-time employees. These figures do not include student nurses and certified nursing assistants.
( ) Indicates a decrease
Source: SHSP Statistics

Appendix G
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenue for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 19.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 7.

The Hospital Standards Act

This Act and regulations thereunder provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 15.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The Union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 19.

Appendix H

Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also average daily census). The average daily census approved by the Plan as reflecting the necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separations by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced, co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of service than a regional hospital.

Extended (Chronic) Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — **Supervisory Care.** This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — **Personal Care.** Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — **Basic Nursing Care.** This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — **Extended Care.** This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention, highly skilled technical and nursing personnel provided, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Glossary (Continued)

Level 5 — **Rehabilitation Care.** This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of coverage is an insured benefit under the Plan.

Level 6 — **Acute Care.** This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic services from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services, which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly instalments.)

Rated Bed Capacity. The maximum number of beds which according to the Minister of Health should be set up in the hospital.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.